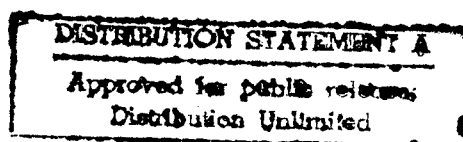


JPRS-TEP-91-017  
16 AUGUST 1991



# ***JPRS Report***



# **Epidemiology**

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# Epidemiology

JPRS-TEP-91-017

## CONTENTS

16 August 1991

[Recent materials on AIDS is being published separately in a later issue.]

### SUB-SAHARAN AFRICA

#### ANGOLA

- Sleeping Sickness Ravages Kwanza Norte [Luanda JORNAL DE ANGOLA, 9 Jun 91] ..... 1  
 Josina Machel Hospital Child Mortality Rate, Causes Cited  
 [Luanda Radio Nacional Network, 15 Jul 91] ..... 1

#### BURKINA FASO

- Two Provinces Affected With Cholera  
 [Ouagadougou Radiodiffusion Nationale du Burkina Radio, 25 Jul 91] ..... 1

#### CAMEROON

- Cholera Outbreak in Far North Province [Yaounde CRTV Radio Network, 22 Jul 91] ..... 1  
 Cholera Raging in North [Yaounde CRTV Radio Network, 26 Jul 91] ..... 1

#### CHAD

- WHO on Deathtoll of Cholera Epidemics [Paris AFP, 19 Jul 91] ..... 1

#### LESOTHO

- UNICEF Report Notes Drop in Childhood Disease Figures [Maseru Radio Lesotho, 3 Jul 91] ..... 2

#### MOZAMBIQUE

- Efforts Outlined To Combat Malaria in Maputo  
 [Felisberto Amaca; Maputo NOTICIAS, 4 Jun 91] ..... 2  
 Inhaca—140 'Suspected' Cholera Cases [Maputo Radio Mozambique Network, 3 Jul 91] ..... 3

#### NAMIBIA

- Malaria Endemic in North, Cases Rise in Summer  
 [Windhoek TIMES OF NAMIBIA, 16 Apr 91] ..... 3  
 At Least 67 Cases of Malaria in Windhoek in April  
 [Windhoek TIMES OF NAMIBIA, 20 Apr 91] ..... 3

#### NIGER

- Health Agreeemnt Signed Among USSR, EEC, Niger  
 [Moscow Radio Moscow World Service, 17 Jul 91] ..... 3

#### NIGERIA

- Cholera Leaves 50 Dead, Hundreds Infected in Plateau  
 [Lagos Radio Nigeria Network, 1 Jul 91] ..... 3  
 Ministry Officials Report 'About 1,700' Cholera Deaths [Paris AFP, 19 Jul 91] ..... 4  
 Over 10,000 Cholera Cases [Paris AFP, 25 Jul 91] ..... 4  
 Many Die From Unidentified Disease in Bendel State  
 [Lagos Radio Nigeria Network, 18 Jul 91] ..... 4

#### SOUTH AFRICA

- Measures Introduced To Prevent Animal Disease From Zimbabwe  
 [Johannesburg South African Broadcasting Corporation Network, 24 Jul 91] ..... 5

## SWAZILAND

Malaria Kills 52 Over Last Four Years [Vusie Ginindza; Mbabane THE SWAZI NEWS, 6 Jul 91] .....	5
Tuberculosis Kills 23 Between May-June [Vusie Ginindza; Mbabane THE TIMES OF SWAZILAND, 11 Jul 91] .....	5
Health Unit Notes Gonorrhea Resisting Penicillin Treatment [Charity Palmer; Mbabane THE SWAZI OBSERVER, 16 Jul 91] .....	6

## TANZANIA

Cholera Deaths Total 14 [Dar es Salaam Radio Tanzania Network, 9 Jul 91] .....	6
--	---

## ZAMBIA

Cholera Reappears in Ndola, 10 Deaths [Lusaka TIMES OF ZAMBIA, 3 Jun 91] .....	6
Official Reports East Coast Fever Outbreak in Southeast [Johannesburg Radio RSA, 7 Jul 91] ....	6

## ZIMBABWE

Sexually Transmitted Diseases Up 15 Percent in 1990 [Johannesburg SAPA, 22 Jul 91] .....	6
--	---

## CHINA

Situation of Infectious Diseases Reviewed [Zeng Guang; Beijing JIAN KANG BAO, 9 May 91] .....	8
Ministry Promotes Efforts To Spread Medical Techniques [Beijing XINHUA, 3 Jul 91] .....	9
Experts Say Snail Fever 'Unlikely' To Become 'Epidemic' [Beijing CHINA DAILY, 3 Jul 91] .....	10
Jiangsu 'Badly' Needs Medicines, Pesticides [Beijing XINHUA, 17 Jul 91] .....	10

## EAST ASIA

### CAMBODIA

Thousands of Malaria Cases in Kompong Speu [Phnom Penh SPK, 15 Jul 91] .....	11
--	----

### LAOS

Epidemic Breaks Out Among Cattle in Saraboury [Vientiane KPL, 8 Jul 91] .....	11
---	----

### SOLOMON ISLANDS

Report of 29,000 Cases of Malaria [Melbourne Radio Australia, 17 Jul 91] .....	11
--	----

### VIETNAM

Malaria Infects 228,659 People Nationwide [Hanoi Vietnam Television Network, 9 Jul 91] .....	11
--	----

## EAST EUROPE

### BULGARIA

Tuberculosis Remains Threat [Svetlana Tarashoeva; Sofia SVOBODEN NAROD, 16 Jul 91] .....	12
--	----

### CZECHOSLOVAKIA

High Cancer Rate Attributed to Radioactive Contamination [Marcela Pechackovaen; Prague MLADA FRONTA DNES, 17 Jul 91] .....	12
---	----

### ROMANIA

EEC To Assist Romanian Medical Projects [Bucharest ROMPRES, 26 Jul 91] .....	12
--	----

## LATIN AMERICA

### REGIONAL AFFAIRS

Media Workers Discuss Cancer Prevention Campaign [Bridgetown CANA, 22 Jul 91] .....	13
---	----

## BRAZIL

Health Minister on Future Projects, Problems [Luciano Suassuna; Sao Paulo O ESTADO DE SAO PAULO, 26 May 91]	13
Routes of Yellow Fever, Dengue Infestation [Heloisa Neves; Sao Paulo FOLHA DE SAO PAULO, 7 Jun 91]	14
Number of Cholera Cases Rises With Victims Near Colombia [Madrid EFE, 2 Jul 91]	14
Four New Cases of Cholera Raise Total to 22 [Brasilia Voz do Brasil Network, 17 Jul 91]	14
Health Ministry Admits Possibility of Cholera Outbreak [Sao Paulo FOLHA DE SAO PAULO, 21 Jul 91]	14
At Least 100 People Infected by Bats With Rabies [Rio de Janeiro Rede Globo Television, 18 Jul 91]	15
Deaths From Leishmaniasis Reported in Bahia [Sao Paulo FOLHA DE SAO PAULO, 20 Jul 91]	15

## CHILE

Health Minister Reports 41 Cholera Cases, Two Deaths [Santiago Radio Cooperativa Network, 7 Jul 91]	15
--	----

## COLOMBIA

Cali, Medellin Control Cholera Cases [Bogota EL TIEMPO, 7 Jun 91]	15
Cali Reports First Cholera Victim [Bogota EL ESPECTADOR, 8 Jun 91]	16
Officials Ask OAS for Help With Cholera [Flover G. Gonzalez; Bogota EL ESPECTADOR, 9 Jun 91]	16
Media Reports on Cholera Epidemic	17
Forty-two Deaths [Bogota Radio Cadena Nacional, 6 Jul 91]	17
Nurse Infected [Bogota EL NUEVO SIGLO, 7 Jul 91]	18
Over 4,000 cases [Mexico City NOTIMEX, 12 Jul 91]	18

## GUATEMALA

Widespread Dengue Epidemic [Roberto Espinoza Perez; Guatemala City EL GRAFICO, 30 May 91]	18
--	----

## PERU

Over 60 People Die of Malaria in Chavin Region [Lima EXPRESO, 2 Jul 91]	18
---	----

## URUGUAY

Measles Epidemic Spreads in Montevideo [Montevideo EL PAIS, 17 Jul 91]	18
--	----

## NEAR EAST & SOUTH ASIA

### INDIA

New Class of Typhoid Germs Discovered [Calcutta THE TELEGRAPH, 29 May 91]	19
Gastroenteritis, Cholera in Delhi, Lucknow [New Delhi PATRIOT, 4 Jun 91]	19
Cholera, Gastroenteritis in Karnataka [New Delhi PATRIOT, 9 Jun 91]	19
Andhra Pradesh—700 Die of Gastroenteritis [Delhi All India Radio Network, 18 Jul 91]	19
Gastroenteritis Hits 3 Himachal Districts; 74 Deaths [Delhi All India Radio Network, 19 Jul 91]	20

### IRAQ

New Cholera Cases in Baghdad, Governorates [Baghdad INA, 3 Jul 91]	20
Cholera, Typhoid, Hepatitis Spread in Baghdad, Governorates [Baghdad AL-QADISIYAH, 11 Jul 91]	20
'Sharp Increase' in Dysentery, Hepatitis, Typhoid Noted [Baghdad INA, 8 Jul 91]	20
WHO, UNICEF Asked To Help Eradicate Polio Virus [Baghdad INA, 13 Jul 91]	20
Official on Health Effects of Food, Medicine Embargo [Baghdad INA, 23 Jul 91]	21
FAO Endorses Veterinary Medicines, Vaccines Project [Baghdad INA, 14 Jul 91]	21

## NEPAL

- Flooding Brings Outbreak of Gastroenteritis, Measles [Hong Kong AFP, 21 Jul 91] ..... 21

## OMAN

- Plans To Continue Polio Immunization Program  
[Oswald Pereira; Muscat TIMES OF OMAN, 4 Apr 91] ..... 21

## TUNISIA

- Rabies Statistics, Aphthous Fever Campaign Reported  
[Fatma Zaghouani; Tunis LA PRESSE DE TUNISIE, 3 Jun 91] ..... 22

## SOVIET UNION

- Helsinki City Sends Lithuania Medicines [Helsinki HELSINGIN SANOMAT, 30 May 91] ..... 24  
TV Reports on Volgograd Water Shortage, Cholera Danger  
[Ye. Orlov, V. Ilinets; Moscow Central Television First Program Network, 14 Jul 91] ..... 24  
Tyumen City's Water Supplies Contaminated [Moscow SOVETSKAYA ROSSIYA, 17 Jul 91] ..... 24

## WEST EUROPE

### DENMARK

- U.S. Public Health Training as Model [Copenhagen BERLINGSKE TIDENDE, 24 May 91] ..... 25  
Impact of Greenland Health Budget Cut Aired ..... 25  
Patients to Denmark [Nuuk GRONLANDSPOSTEN, 20-21 Jun 91] ..... 25  
Paper Expresses Concern [Nuuk GRONLANDSPOSTEN, 20-21 Jun 91] ..... 26

### PORTUGAL

- Worrisome Tuberculosis Resurgence [Maria Martins; Lisbon SEMANARIO, 29 Jun 91] ..... 26

## UNITED KINGDOM

- Record Number on Hospital Waiting Lists  
[Peter Pallot; London THE DAILY TELEGRAPH, 31 May 91] ..... 27  
Study on Spread of Hepatitis C Reported  
[Peter Pallot; London THE DAILY TELEGRAPH, 1 Jun 91] ..... 28  
Mystery Pig Disease Appears in UK  
[David Brown; London THE DAILY TELEGRAPH, 31 May 91] ..... 28

## ANGOLA

### **Sleeping Sickness Ravages Kwanza Norte**

91P40346A Luanda JORNAL DE ANGOLA  
in Portuguese 9 Jun 91 p 4

[Text] Health authorities in Cambambe municipality, Kwanza Norte Province registered 559 cases of trypanosomiasis (sleeping sickness) during the past year.

Zeferino Andre, municipal supervisor of the program against trypanosomiasis told ANGOP [ANGOLAN PRESS AGENCY] that of the 1,498 patients treated that year, nine died. The number of deaths did not vary compared to 1989 but, according to Zeferino Andre, the number of people examined and treated last year increased to 4,483 and 1,063 respectively. The supervisor lamented the decrease in activities of the eight health technicians who are in charge of fighting this disease in the province. This is due to lack of transportation linked to poor social and working conditions. As a result, only 396 people were examined during the first quarter of this year, 147 new cases discovered, and 534 cases treated.

In 1990, during the same amount of time, there were 2,343 examinations, 171 registered cases, and 111 patients treated. During the first quarter of this year the disease was responsible for three deaths, said Zeferino Andre. He explained that 101 patients have not been receiving treatment for two months because of the lack of 'Arsobal' (medication used to treat sleeping sickness). The Cambambe municipal hospital has no room in its complex to accommodate sleeping sickness patients, many of whom sleep and receive treatment on the balcony.

The supervisor said that other areas of Kwanza Norte Province have registered outbreaks of the disease, namely in Zavula and Canhoca communes, Ndalatando city (Caxengo municipality), and in the municipalities of Lucala. The province's remaining municipalities do not have effective control of the disease, according to the source. In his opinion Cambambe municipality, with a population estimated at 77,035 inhabitants, has been the one most affected by the disease in Kwanza Norte Province, with the most severe outbreaks in Massangano and Zenza municipalities and Dondo city.

### **Josina Machel Hospital Child Mortality Rate, Causes Cited**

MB1407092091 Luanda Radio Nacional Network  
in Portuguese 0700 GMT 15 Jul 91

[Text] A total of 2,250 children died at the Josina Machel Hospital between January and June 1991. ANGOP has learned from the hospital's officials that 40 percent of the deaths were caused by diseases such as cholera, measles, malaria, and tetanus. Official estimates indicate that 13 children die daily in the hospital's pediatrics ward.

## BURKINA FASO

### **Two Provinces Affected With Cholera**

AB2807184091B Ouagadougou Radiodiffusion  
Nationale du Burkina Radio in

[Text] Cholera has affected two provinces in Burkina Faso—Boulgou and Gourma. The radio says that "according to the latest figures released by the Ministry of Public Health, about 186 cases and 37 deaths have been recorded."

## CAMEROON

### **Cholera Outbreak in Far North Province**

AB2307174991 Yaounde CRTV Radio Network  
in French 1900 GMT 22 Jul 91

[Text] The government is concerned about an outbreak of cholera in the Far North Province. At a meeting this morning chaired by John Michel Mengoumou, secretary general of the province, a committee appointed to assess the epidemic presented to the authorities of the far north the report of its investigation in the three departments affected by the cholera.

For Dr. Mathieu Kamoua, deputy director of preventive medicine and head of the committee, the situation is all the more alarming since 783 cases have been reported so far, of which 542 cases are from the Department of Logone and Chari alone. The number of deaths already stands at 137. But this is not entirely because other cases were reported after the departure of the committee. Information on the other cases of death is being collected.

In the face of the gravity of the situation, the health officials of the far north met with their delegate, Dr. Ali Douprousoufa, to draw a plan to fight the cholera epidemic throughout the whole province. The Health Ministry mission, made up of the deputy director of rural medicine, the head of the department of epidemiology, and that of the department of hygiene will leave Maroua tomorrow for Garoua in the north.

### **Cholera Raging in North**

AB2807184091C Yaounde CRTV Radio Network  
in French 1900 GMT 26 Jul 91

Text "In connection with the cholera outbreak currently raging in the northern part of the country, the minister of public health has disclosed that as of now, 965 cases including 176 deaths have been recorded in the extreme north, and 47 cases and 12 deaths have been reported in the northern province.

## CHAD

### **WHO on Death toll of Cholera Epidemics**

AB2207132091 Paris AFP in French 2000 GMT 19 Jul 91

[Text] Brazzaville, 19 Jul (AFP)—In Chad, 904 people have died of cholera, of the 8,544 people affected by the disease since the beginning of this year, according to

information given today by WHO Regional Office in Brazzaville. This balance-sheet makes Chad the second largest African country affected by the disease. Zambia comes first with 11,356 dead, according to the regional office.

## LESOTHO

### UNICEF Report Notes Drop in Childhood Disease Figures

*MB0307072591 Maseru Radio Lesotho in English  
0500 GMT 3 Jul 91*

[Text] Cases of measles have dropped from over 10,000 to less than 1,000 per annum in the country. This has been stated in the UNICEF and Lesotho Government draft plan of operation, which starts next year and ends in 1996.

Poliomyelitis cases have dropped to less than 16 per annum, while [word indistinct] and diphtheria have become insignificant among causes of morbidity and mortality among children.

The objective of the program is to reduce measles, and deaths caused by measles, by 50 percent. The strategies to be followed include community constructed village health posts, which will be an important link to expand the provision of health services to underserved and remote areas.

## MOZAMBIQUE

### Efforts Outlined To Combat Malaria in Maputo

*91WE0410A Maputo NOTICIAS in Portuguese,  
4 Jun 91 p 2*

[Article by Felisberto Amaca: "Over 20,000 Homes Sprayed With DDT"]

[Text] Over 20,000 homes scattered in 21 districts of the country's capital were sprayed with DDT in 1989 and 1990 as part of the Antimalaria Program. Entities linked to the Health Ministry in this city believe that the rate of malaria infection among people living in those areas during that period of time decreased from 30 percent to around 6 percent.

According to the same entities, malaria has moved into the areas of the city of Maputo where the sanitation systems are poor, and particularly into suburban neighborhoods, where there are large concentrations of mosquitos breeding. In the city where cement is predominant the disease has virtually disappeared.

The malaria situation in the outlying neighborhoods worsened in 1984 for the following reasons: species resistant to chloroquine came in from neighboring countries, such as Tanzania and Angola, among other countries; an increase in the population of mosquitos because of poor sanitation; and, infected people, primarily persons displaced by the war, came to the capital from areas with much higher rates of infection.

It is believed that currently between 25 and 40 percent of the population of the city of Maputo residing in areas that have not yet been sprayed are infected with malaria.

Up to 1983-84, malaria infection rates were relatively low. In most of the city, only 7 to 8 percent of the population was infected with malaria prior to 1981.

During that period, the use of chloroquine was reduced, because of the appearance of varieties resistant to chloroquine (*Plasmodio falciparum*, the species that causes nearly 95 percent of malaria cases).

Sources linked to the Health Ministry in the city maintain that the deterioration of environmental sanitation that occurred during the same period in the outskirts, where homes are built of reeds or wood and galvanized metal sheets, was responsible for an increase in malaria cases, which reached levels of 30 to 35 percent. Among children, the rates were around 70 to 80 percent.

In view of this situation, health agencies in the city worked out a strategy for fighting the vector, that consisted in spraying the homes in the most highly affected neighborhoods. This process was begun in 1987 in parts of the Infulene Valley and in the drainage ditches in the area around the airport. This method of combatting malaria was expanded to cover two more areas in 1989-90, and in this way a population of around 100,000 inhabitants was protected.

In terms of the results of this spraying campaign, health offices say that the disease indices dropped from 30 to around 6 percent.

At the present time, according to Health Ministry sources, it has been extremely difficult to maintain the home spraying program, essentially because of a shortage of vehicles. As a result, the coverage has not met the levels established in the plans previously designed by the Health Ministry.

Acute malaria cases can be avoided if people realize the seriousness of the disease, especially for children, and go to medical units in time to procure specific treatment.

In this context, health care provided will be geared to reducing morbidity and mortality, mainly among groups of children under 5 years of age, through health education activities. At the same time, information on methods for treating malaria with chloroquine, which is still the best medicine, will be publicized, and efforts will be made to increase distribution of the medicine, either through commercial networks or schools or, possibly, through traditional healers.

Malaria is a disease caused by a parasite that lives in the red blood corpuscles. It is transmitted by mosquitos that feed on human blood. Once inside the mosquito, the parasite undergoes an evolution that enables it to be introduced into the new host organism when the transmitting agent is feeding on it.

### **Inhaca—140 'Suspected' Cholera Cases**

*MB0307121791 Maputo Radio Mozambique Network  
in Portuguese 1030 GMT 3 Jul 91*

[Text] A total of 140 suspected cases of cholera have been reported in Maputo Province's Inhaca Isle. Eight people have died of cholera since due to an outbreak of that disease in early 1991. The situation is under control.

## **NAMIBIA**

### **Malaria Endemic in North, Cases Rise in Summer**

*91WE0402B Windhoek TIMES OF NAMIBIA  
in English 16 Apr 91 pp 1, 2*

[Excerpt] Malaria is an endemic disease in northern Namibia, according to the Medical Superintendent of the Oshakati State Hospital, Dr. Hamata, and the incidence of cases increases with every summer season.

In February and March this year, he said, there were more cases of malaria than last year. Eighteen such patients were in the state hospital on 5 April and by 10 April, the number had risen to 93. Dr. Hamata said the hospital had a sufficient stock of drugs to treat the dreaded disease.

According to the latest statistics from the Regional Health Director, Dr. Shivute, 5,000 malaria cases were reported in the region in January this year. In February 6,659 cases were reported. There have been three deaths so far. March statistics are being compiled.

The World Health Organization's expert, Dr. Scrimgeour, is currently lecturing on the latest treatment of malaria to all medical personnel in all of the region's state hospitals.

The senior medical officer said that the situation is well under control and there is no cause for panic. He said that the transfer of patients from district hospital to regional hospital is better this year than ever.

Dr. Shivute said the medical system is better prepared to cope with the situation this year than last.

### **At Least 67 Cases of Malaria in Windhoek in April**

*91WE0402A Windhoek TIMES OF NAMIBIA  
in English 20 Apr 91 pp 1, 2*

[Excerpt] At least 67 cases of malaria have been treated in Windhoek this month, with five patients being treated in the Intensive Care Units of the State Hospital and Medicity. Of these cases, one, a German tourist's condition is critical.

At the same time, a serious shortage of blood is still being experienced in the north of Namibia, according to the Regional health Director in Oshakati, Dr. Shivute. This shortage is due to the large number of malaria cases being treated at hospitals in the north.

The number of malaria cases being treated at hospitals in Windhoek has increased considerably since last month. This is abnormal, as the incidence of this disease should

decrease with the onset of colder weather. Sources at both the State hospital and Medicity said that the strain of malaria being treated this year is the same as that found in Namibia over the past two years. This strain has caused a large number of deaths since 1989.

However, the malaria strain seems to be developing considerable resistance to the usual methods of treatment, and as a result, people being admitted to hospital are usually much sicker than was the case in previous years. According to the Director of Medicity, Mrs Annchen Parkhouse, her hospital treated 21 patients with malaria during April. Of these, nine are still in the hospital, and one, a German tourist is still in the Intensive Care Unit. His condition is critical but the prognosis is fair. He has developed Black-water Fever as a complication of the malaria.

Sources at the State hospital said that 46 cases of malaria had been treated there this month, of which three had to be transferred to the Intensive Care Unit as their condition was critical.

Mrs Parkhouse pointed out that 30 percent of the patients with malaria in Medicity had not left Windhoek. They had developed the disease in the capital city which was an indication that the malaria mosquitoes were breeding in open water in or around Windhoek. She said that while there were not as many cases of malaria this year as in 1990, the people were much sicker than in the past. This was because the disease was being caused by a more resistant strain that started developing two years ago and has gradually become more virulent.

## **NIGER**

### **Health Agreement Signed Among USSR, EEC, Niger**

*LD1707210491 Moscow Radio Moscow World Service  
in English 1630 GMT 17 Jul 91*

[Text] A tripartite agreement has been signed in the capital of Niger, Niamey, among the Soviet Union, the EEC and the Republic of Niger on cooperation in the sphere of health services. The Soviet physicians are known to have been working fruitfully in Niger and many other African countries for a number of years free of charge. This time a new form of multilateral cooperation has been found.

Under the agreement, the EEC is obliged to finance the Soviet physicians in Niger. The Government of Niger, on its part, is responsible for ensuring the working and living conditions for Soviet specialists. This agreement is the first experience of a multilateral international cooperation in the humanitarian sphere with the Soviet participation in the region.

## **NIGERIA**

### **Cholera Leaves 50 Dead, Hundreds Infected in Plateau**

*AB0507102591 Lagos Radio Nigeria Network  
in English 0600 GMT 1 Jul 91*

[From the press review]



[Text] Fifty persons have so far died in the cholera outbreak in Plateau State. Briefing newsmen in Jos, the commissioner for health, Dr. Gonwor Kafo, said about 300 cases had been reported in six local government areas. Okechukwu Anakudor has the details:

**Anakudor:** The commissioner gave the local governments where the epidemic had been reported as Akwanga, where eight cases with four deaths had been recorded, and Bassa, with 72 cases and nine reported dead. Other local governments include Jos with 60 cases and 11 deaths, Kanam with seven cases and four reported deaths, and Keffi with the highest reported cases of 129 and 22 dead. Dr. Gonwor Kafo said Gandam had 20 reported cases, resulting in no deaths so far. He said the figures might be higher, as most cases were not as yet recorded.

According to the commissioner, investigations carried out from statements from patients in Jos and Baka Local Government Areas revealed that the epidemic in this area was caused by what he called vibrio cholera. He explained that the disease spread rapidly through contaminated foodstuffs and water, especially in overpopulated communities with poor sanitation habits. Dr. Gonwor Kafo therefore advised the people of the state to cultivate good sanitation habits, as according to him, mass participation against the disease was not always effective in its control. [end recording]

#### **Ministry Officials Report 'About 1,700' Cholera Deaths**

*AB2207220691 Paris AFP in English 1929 GMT  
19 Jul 91*

[Text] Lagos, July 19 (AFP)—About 1,700 persons have died recently of cholera in Nigeria, while 10,000 others have been infected by the same disease, Health Ministry officials stated here Friday.

This figure is more than half of the total number of 3,360 cholera deaths recorded so far this year in 11 African countries by the WHO, observers noted. (WHO officials said earlier in Geneva that the death toll from cholera had shot up in Africa in recent weeks, overtaking that of South America. They put the total this year in Nigeria at 7,674 cases and 990 deaths.)

Officials here said the current outbreak was the most serious in Nigeria in many years. They added that 500 of the deaths were recorded within the last month.

The disease has spread to 15 of the country's 21 states and the worst hit areas are in the north of the nation, they said. In the southern state of Bendel, there are reports of an outbreak of a yet to be identified disease which affects the liver and causes high fever. Press reports quoted hospital workers in Agbor, in the east of the state, as saying about 600 people have died of the unidentified disease. Residents had abandoned some of the worst hit villages out of fear of contracting the disease, the reports added.

Nigeria's neighbours—Chad, Niger, Cameroon and Benin—have also this week officially reported hundreds of cholera fatalities.

#### **Over 10,000 Cholera Cases**

*AB2807184091A Paris AFP in English 1651 GMT  
25 Jul 91*

[Editorial Report] Lagos—"Nigeria has recorded 1,321 cholera deaths out of the 10,871 cases officially reported since last January, Minister of Health Olikoye Ransome-Kuiti said here Thursday. Of the 12 states officially affected in the country, three northern states—Bauchi, Kano and Sokoto—accounted for 1,150 deaths or 87 percent of the entire cholera deaths in Nigeria, he said at a news conference. 'The case of fatality rate (12 percent) is unacceptably high and I am equally aware that there is still a large number of cases yet unrecognised and unreported', he said."

"Hundreds of deaths resulting from cholera have also recently been reported in neighbouring countries including Benin, Cameroon, Niger, Togo, Ghana and Chad."

#### **Many Die From Unidentified Disease in Bendel State**

*AB2107093091 Lagos Radio Nigeria Network  
in English 1800 GMT 18 Jul 91*

[Text] In Bendel State, about 600 persons are reported to have been killed in Ika Local Government Area following the outbreak of an unidentified disease. Robinson Inuwaha reports that six communities are affected by the mysterious disease. [Begin recording]

**Inuwaha:** The symptoms of the mysterious disease include severe headache, yellowish eyes and body pains. The State commissioner for health, Dr. Steve Erune, has visited the six communities to assess the situation. At Nhuri Dr. Erune was told by the obi [traditional chief] of the area, Dr. Iban Ejukwu Alegun II, that 75 people of the town had so far died since the outbreak of the disease on June 4 this year. Dr. Alegun pointed out that 50 out of the number died before the arrival of the medical chief sent by the government. The commissioner expressed sympathy with the people for the large loss, noting that the outbreak of the disease was not reported early enough to the authority. Dr. Erune, however, said that the military was taking all measures to stem the spread of the disease and expressed delight that the situation was now under control.

At Emuhu, the commissioner was told by the eze [traditional chief] of the people that 20 people had also died due to the outbreak of the disease, while the situation at Ndogu is said to be returning to normal. When he visited the government hospital at Uhunede and Agbor, Dr. Erune was ensured that the number of deaths could not be ascertained as some patients, discharged against medical advice, later died at their homes. Most people in the area, who had not contracted the mysterious disease, are fleeing their homes to stay with relations residing far away from the affect areas. [end recording]

## SOUTH AFRICA

### Measures Introduced To Prevent Animal Disease From Zimbabwe

MB2407134691 Johannesburg South African Broadcasting Corporation Network in English 1100 GMT 24 Jul 91

[Text] Officials from the Directorate of Animal Health are carrying out an investigation into the extent of foot-and-mouth disease in southern Zimbabwe.

A spokesman for the directorate, Dr. Chris Coetsee, told our Pietersburg news staff that various measures had already been taken in the far northern Transvaal to prevent the spread of the disease to South Africa.

Hunting has been prohibited on farms between Beitbridge and the Kruger National Park, and more patrols have been introduced along the Limpopo River, as part of these measures.

## SWAZILAND

### Malaria Kills 52 Over Last Four Years

MB0607095091 Mbabane THE SWAZI NEWS in English 6 Jul 91 p 4

[Report by Vusie Ginindza: "Malaria Kills 52 People"]

[Text] Malaria has killed 52 people and 13,673 others have been infected with the disease in the past four years.

This was revealed by Malaria Programme Manager, Mr. Simon Kunene yesterday. June, Kunene explained, marks the end of a Malaria Transmission Year.

In the year 1987-88, 33 people were killed and 5,495 cases were recorded.

In the year 88-89, 10 died and 4,428 were infected.

In the year 89-90, 7 died and 2,500 were infected.

In the year 90-91, only two died and 1,250 cases were reported.

The latest figures recorded for June 1990 reported no deaths but 161 cases.

Kunene said these figures indicate a 49 percent decrease when viewed against 1989-90 figures.

He said the most problematic areas visited in the year 90-91 were Northern Hhohho, especially from Herefords and upto the border.

"But the situation is impressively getting under control. We just hope in the next few years, no more malaria cases will be reported in the country," he said.

### Tuberculosis Kills 23 Between May-June

MB1107094791 Mbabane THE TIMES OF SWAZILAND in English 11 Jul 91 pp 1, 24

[Report by Vusie Ginindza: "TB [tuberculosis] Claims 23 Lives"]

[Text] Swaziland leading killer disease TB has claimed the lives of 23 more people between May and June this year.

This brings the figure of people killed by TB to 45 since 1991 commenced.

Until mid May, the disease had killed 22 people.

According to figures received from Dr. Mabuza, Head of the TB Control Office in Manzini, the month between May and June also recorded the highest TB cases for a single month, at 313 cases.

There is now 782 cases of the disease diagnosed since the beginning of this year.

Dr. Mabuza further explained that there is possibly more cases of deaths and sickness resulting from TB that have not been brought to the attention of the unit.

Last year, TB killed 80 people and 1,000 cases were recorded.

During the period up to June last year at least 18 people had died, compared to the current 45 cases—more than double the rate.

Dr. Mabuza however, reserved comments in this regard and only assured that her office is doing the best it can to bring the TB scourge under control.

"As you might be aware that the TB Control Programme has embarked on a serious campaign, we hope to decrease the whole situation," she said.

TB is caused by a bacteria called Turbecl Bacilli which breeds healthily on dirty conditions.

It is highly contagious and can be transmitted by air, making people close to the patient more vulnerable to contamination.

Members of the TB unit have always complained that there is no proper hospital for TB patients in the country.

In fact, such patients are sheltered at the Manzini Psychiatric Centre.

Presently, the procedure is that a patient is discharged only two months after admission regardless of whether the disease is still there or not.

Dr. Mabuza says patients can scarcely continue with medication when they are at home without any supervision by a nurse or doctor.

This, she says, is because TB requires a patient to take at least 10 tablets at a go which is, evidently, intolerable to most patients.

Principal Secretary in the Ministry of Health, Mr. Chris Mkhonza had earlier on explained that his ministry is making means to allocate TB patients in various places in the country.

In the meantime, the AIDS National office is investigating the extent of the AIDS link to TB.

AIDS epidemiologist, Ms Wazi Dlamini, said an AIDS report for the second quarter of 1991, may be released by the Ministry of Health before the end of the week.

**Health Unit Notes Gonorrhea Resisting Penicillin Treatment**

*MB1607082091 Mbabane THE SWAZI OBSERVER in English 16 Jul 91 p 4*

[Report by Charity Palmer: "STDs [sexually transmitted diseases] Danger!]

[Text] Gonorrhoea is resisting to the penicillin treatment hence the government will have to look for an alternative treatment which might have side effects, Public Health Unit gynaecologist, Dr. Rhodes Mwaikambo said.

He was presenting a paper on problems of sexual transmitted diseases (STDs) and their complications recently at a seminar for Swaziland trade unions held in Mbabane.

Dr. Mwaikambo noted that gonorrhoea ranked first in both sexes, with men leading by 85 percent and women following with 67 percent. He said it was followed by Syphilis in which 6 percent of men were affected followed by women with 14 percent. Clinical and laboratory studies carried out, he said, had confirmed this.

According to Dr. Mwaikambo STDs accounted for 5.4 percent or seventh position of all diseases seen in outpatient departments.

**TANZANIA****Cholera Deaths Total 14**

*EA0907213091 Dar es Salaam Radio Tanzania Network in Swahili 1900 GMT 9 Jul 91*

[Excerpt] Bunda [Mara region, northern Tanzania]—Since an outbreak of the disease two weeks ago, 14 people have died of cholera. Bunda's area commissioner, Comrade Pascal Mhongole, told the minister of regional administration and local government, Comrade Joseph Warioba, that there are now only three cholera patients still in the hospital out of 117 who had contracted the disease. [passage omitted]

**ZAMBIA****Cholera Reappears in Ndola, 10 Deaths**

*91WE0428 Lusaka TIMES OF ZAMBIA in English 3 Jun 91 p 1*

[Text] Cholera has broken out again in Ndola leading to the reopening of Bwafwano treatment centre in Chifubu township where several people are reported to have been attended while more than 10 deaths have been recorded in two weeks.

Cholera surveillance committee chairman Dr. Victoria Munthali confirmed in an interview in Ndola yesterday that cholera cases had risen and health officials were investigating to find the cause.

Dr. Munthali appealed to Ndola residents to maintain high standards of cleanliness while the health workers were fighting against the killer disease.

"It is somehow shocking because the disease was almost wiped out and that was why we closed all the centres and only remained with Masala," said Dr. Munthali.

When TIMES reporters visited the centre they found that most of the patients had been discharged and only six were still admitted.

It was learnt from the workers at the centre that most of the patients attended to were from Arthur Davison hospital's mothers' shelter.

They complained that the shelter was overcrowded most of the time while the toilets were usually blocked except for one which caters for more than 200 mothers.

Of the six patients who were still admitted yesterday three were from Arthur Davison hospital and their condition was serious.

Apart from Arthur Davison hospital other patients treated at the centre were from Chifubu, Nkwazi and Kawama.

The health workers said the situation would only improve if water supply and sanitation in the three areas improved.

**Official Reports East Coast Fever Outbreak in Southeast**

*MB0707153091 Johannesburg Radio RSA in English 1500 GMT 7 Jul 91*

[Text] The Veterinary Office of Zambia's southeastern Katete District says a number of cattle have died of East Coast Fever. The district borders on Malawi.

The number of cattle claimed by the fever could not be established, as many farmers had not reported the incidence of the disease.

Katete district authorities called on farmers to dip cattle, to prevent further losses.

**ZIMBABWE****Sexually Transmitted Diseases Up 15 Percent in 1990**

*MB2207193091 Johannesburg SAPA in English 1906 GMT 22 Jul 91*

[Text] Harare July 22 SAPA—The incidence of sexually transmitted diseases [STD] in Harare, Zimbabwe's capital, rose by nearly 15 percent last year and shows no sign of slackening despite widespread public alarm over the growing threat of AIDS. The 1990 report of Harare's medical officer of health, Dr. Lovemore Mbengeranwa, said 282,775 cases of STD were treated at the city council's 27 clinics serving the capital's population of about a million people, a 14.7 percent increase over the number of treatments in 1989.

Nearly half the cases were treated at the overcrowded Mbare township close to the city centre, where 73 percent of the victims were men, and the commonest form of STD was genital ulceration. Dr. Mbengeranwa said the HIV epidemic "has done very little to scare people from contracting STD".

The city health department also found that 45 percent of all tuberculosis patients tested were found to be HIV positive. Dr. Mbengeranwa also warned that Mbare township, Harare's oldest, was a disaster area

and a time bomb that would soon result in serious outbreaks of typhoid and cholera because of runaway squatting, overcrowding and an all-but collapsed refuse collection system.

**Situation of Infectious Diseases Reviewed**

91WE0401 Beijing JIAN KANG BAO in Chinese  
9 May 91 p 4

[Article by Zeng Guang [2582 0342]: "A 'Repeat Performance' in Infectious Disease Prevention"]

[Text] 1990 was the final year in China's implementation of the Seventh 5-Year Plan as well as the first year for reporting on epidemic diseases to manage types of diseases in accordance with stipulations in the "People's Republic of China Disease Prevention Methods". On a national scale, no wide-ranging outbreaks of epidemic diseases with serious consequences occurred during 1990, but new problems did appear regarding type A and type B infectious diseases which revealed weak links in prevention work.

Statistical analysis of data from annual reports on the epidemic disease situation (monthly epidemic disease situation reports from Tibet) submitted by public health and epidemic prevention stations in 30 provinces, autonomous regions, and municipalities directly under the central government (Taiwan Province is temporarily excluded) indicates the following characteristics for various types of infectious diseases in China during 1990:

**I. Abnormal Increases in Measles Require Attention To Child Protection**

Of the three types of respiratory tract infectious diseases controlled by planned immunization, the number of measles cases was slightly higher than in 1989 but the incidence rate was slightly lower. Groups lacking immunization and higher age groups accounted for a high proportion, which was still the reason for the high incidence and lack of decline for measles during 1990. According to recent epidemic disease situation reports, abnormal increases in measles epidemics occurred in Xinjiang, Henan, Hubei, Yunnan, Guizhou, and Jiangxi. Analysis indicates that the incidence of measles will increase nationally during 1991, which should receive a high degree of attention. A good momentum of declining incidence rates of whooping cough for successive years since 1979 was sustained. Attention should be given to the 22.58 percent increase in 1990 in the incidence rate of infectious diseases controlled through three combined vaccines used jointly to control whooping cough and diphtheria compared to 1989 which followed an increased incidence rate in 1989. Analysis of data from some provinces indicates that most cases of diphtheria were among adults being held in custody or those being re-educated through labor. This group of people should be the target for conventional immunization.

The incidence rate for epidemic cerebro-spinal meningitis has declined every year since 1985 and fell again by 33.01 percent from 1989 to 1990. This shows that the measures China employed to prevent cerebro-spinal meningitis have been effective. Still, cerebro-spinal meningitis is an infectious disease with rather high death rates and case fatality rates in China.

**II. Intestinal Infectious Diseases Are Still the Focus of Prevention**

This group of infectious diseases is characterized by having the highest incidence rate and lowest case fatality rate.

During 1990, in a situation of a linear increase in cholera epidemics in many nations of the world, China only reported 639 cases of cholera, an incidence rate of 0.058 per 100,000 and the lowest reported incidence rate since 1977. 97.34 percent of the cases occurred in seven coastal provinces and municipalities including Guangdong and others. This shows that cholera epidemics and the focus of prevention were again highly concentrated on coastal provinces and municipalities.

China undertook categorized reporting of viral hepatitis on a national scale during 1990. The national incidence rate of viral hepatitis (now clearly categorized as excluding hepatitis-B) rose once again during 1990 on a foundation that was already rather high and the incidence rate accounted for 40 percent of the total incidence rate for type A and type B infectious diseases. Moreover, cases equal to 25 percent of the number of cases reported went unreported, which is equivalent to 15 percent of the suspected cases not being diagnosed. For viral hepatitis, hepatitis-A epidemics mainly occurred as outbreaks in local areas. Because they occurred in quite a few places, this constituted the main reason for the increased incidence rate for viral hepatitis in 1990. The incidence rate for viral hepatitis during 1991 is expected to be slightly less than in 1990. The main reason is a reduction in the occurrence of hepatitis-A.

The reported incidence rate for dysentery in 1990 was down slightly from 1989, but the death rate was up 22.63 percent.

The phenomenon of "dual highs", meaning a high vaccination rate for poliomyelitis vaccine in conjunction with a high incidence rate, appeared in 1990. Surveys indicate that most of the cases were children under 1 year of age who had not been vaccinated or who had not taken the full course of vaccinations using poliomyelitis sugar cubes. Most of the regions with the greater number of cases reported were densely populated rural areas which also had missed planned immunization vaccinations. Given that China's planned immunization vaccination rate reached 85 percent of the goal, we have reason to expect that the national incidence rate of poliomyelitis will decrease in 1991. However, according to recent epidemic disease situation reports, cases reported in Anhui, Henan, Guizhou, and Guangxi accounted for more than 70 percent of the total number of cases in China, which should receive a high degree of attention.

**III. A Tendency Toward Increasing Hematogenous and Sexually Transmitted Infectious Diseases**

The number of cases of hepatitis-B during 1990 accounted for 75.68 percent of four types (hepatitis-B, AIDS, gonorrhea, and syphilis) of hematogenous (including placental) and sexually transmitted infectious diseases and for 29.15 percent of the number of cases of viral hepatitis. The

proportion of cases of viral hepatitis in China that are accounted for by hepatitis-B during 1991 is expected to increase again. Thus, as the first step in comprehensive control of hepatitis-B epidemics, it is essential that we work quickly to include hepatitis-B vaccinations for infants and children, pregnant women, and groups in high-risk occupations in immunization plans.

In 1990, Yunnan reported two cases of AIDS inside China and one person died. It is expected that over the next several years, more cases will occur among those in Yunnan who have tested positive for the presence of antibodies to the AIDS virus. In addition, China reported the number of cases of gonorrhoea and syphilis on a national scale for the first time, with reports of 77,289 and 1,047 cases, respectively. The reports of information on these epidemic diseases came primarily from open cities and other large cities. Because there is a widespread problem of those diagnosed with sexually transmitted diseases giving false names and serious omissions in reports on epidemic diseases, it can be inferred that the actual number of cases far exceeds the number of reported cases. China undertook a mammoth campaign to "eliminate pornography" and "apprehend drug dealers" during 1990 that had a definite effect on the trend toward a growing epidemic of sexually transmitted diseases. However, the resurgence of sexually transmitted diseases is a fact and we must strictly be on guard.

#### **IV. We Must Closely Watch the Development of Plague and Encephalitis B Epidemics**

Of the seven types of infectious diseases which had incidence rates in 1990 that were higher than in 1989, the 11 types of natural disease sources and insect-borne infectious diseases in China like plague and others accounted for three types. This category of infectious diseases occupied an important status among the 10 type A and type B infectious diseases which led in death rates and case fatality rates.

An epidemic of bubonic plague that has not been seen since our nation was founded occurred in Yunnan Province during 1990 and the number of cases reported nationally was the highest number of cases reported since 1955. The reasons for the large number of cases of plague in Yunnan include a lack of vigilance for the occurrence of plague epidemics, a failure of medical personnel to make timely and accurate diagnoses, and a delay in reporting information on epidemics which wasted opportunities for early control.

Because there was an obvious increase in epidemic encephalitis B in Henan, Hubei, Anhui, Hunan, and other provinces, 1990 saw the highest incidence rate of encephalitis B in China since 1982. Encephalitis B epidemics during 1990 were characterized by an obvious increase in the number of scattered cases among children of pre-school age. The national incidence rate in 1991 is expected to decline from 1990. Provinces with high rates of incidence will continue to be Henan, Hubei, Jiangxi, Anhui, and others.

Few cases of kala-azar were reported during 1990 but there was a significant increase over 1989. In contrast, there were significant reductions in the incidence rates of six types of infectious diseases: rabies, malaria, epidemic hemorrhagic fever, brucellosis, anthrax, and typhus, compared to 1989. There was a 32.70 percent reduction in the incidence rate of rabies and 1,672 fewer deaths than in 1989, so there was a significant improvement in the epidemic disease situation of a high rate that had not fallen. The main reason for the improvement in the epidemic disease situation was an increase in rabies vaccine output which basically satisfied prevention requirements.

#### **Ministry Promotes Efforts To Spread Medical Techniques**

*OW0307092591 Beijing XINHUA in English  
0759 GMT 3 Jul 91*

[Text] Beijing, July 3 (XINHUA)—Twenty-one outstanding medical achievements that have been effectively popularized in local hospitals and rural clinics received the first annual awards from the Ministry of Public Health.

These were only some of the 161 items receiving "medical and public health scientific and technological advancement awards" granted by the ministry.

Sources at the ministry said that the new awards were aimed at promoting the popularization of suitable medical techniques in grassroots hospitals, including those in poor and border areas or the areas inhabited by minority nationalities.

One of the popularized techniques is early diagnosis and treatment of liver cancer. The number of Chinese suffering from liver cancer amounts to 100,000 every year. The technique has been used in over 40 hospitals across the country, and more than 1,000 cases have been identified in the early stages.

Heart surgery, which used to be too difficult for some local hospitals to conduct, has become easier thanks to an awarded technique developed by the Chinese Academy of Medical Sciences. Nearly 60 local hospitals co-operated in this work.

Through the use of vaccines, the incidence of measles and three other infectious diseases has been lowered. This makes China's inoculation rate of the four vaccines the world's highest, winning praise from the World Health Organization.

B-type hepatitis blood source vaccine, developed in China in the early 1980s, has been popularized across the country and is now produced on a large scale. Experts said this will bring benefits to children and hepatitis patients.

In May China made public a grand plan to spread 10 medically advanced techniques every year before the year 2000. It is part of China's effort to promote medical techniques in rural areas.

**Experts Say Snail Fever 'Unlikely' To Become 'Epidemic'**

*HK0307034991 Beijing CHINA DAILY in English  
3 Jul 91 p 3*

[Text] Snail fever, the sometimes-fatal disease spread by snails, is unlikely to become an epidemic in the northern part of Anhui Province, despite the recent severe flooding, say experts from the Ministry of Public Health.

Wang Huanzeng, from the snail fever control department of the ministry, explained that most of the flooding was along the Huaihe River and snail fever epidemics in Anhui are mainly reported from the southern areas, along the Yangtze River.

Wang said the State Council has sent out investigation groups to the villages worst-hit by the floods to see what is happening and to take measures to protect the residents from the disease.

Anhui is one of the five lake provinces in China badly affected by snail fever.

The other four are Hubei, Hunan, Jiangsu and Zhejiang.

Snail fever is a parasitic disease which causes a victim's stomach to swell. The disease, sometimes fatal, is spread through water contaminated by snails.

For the past four decades, more than 940,000 patients with the disease have been cured, and about 1.04 billion square metres of contaminated land have been cleared.

Epidemics had been generally curbed except in some coastal and lake areas in southern Anhui and part of the hill districts.

But the province has seen a reappearance of the disease in recent years, due to relaxed vigilance, and now has 247 million square metres of land infested with snails.

So despite the fact that more than 50,000 snail fever victims are cured each year, many new cases are emerging.

The province planned to wipe out the disease by 1993, with the infection rate among the local people down by 60 percent over the next three years and the area of land infested with snails cut by 16 percent.

Apart from strengthening leadership over the work, extensive publicity and education campaigns will be carried out, especially among the children.

All primary and middle schools are required to open courses on snail fever control to help understanding of the epidemic and teach methods of self-protection.

Eighteen counties and cities along the Yangtze have been designated by the provinces as key points for the three-year strategy.

The local government has increased the funds, the labour force and material supplies this year to make sure that the programme is implemented.

About 150,000 patients with snail fever, including 2,000 in the advanced stages of the disease, are expected to be given medical treatment.

**Jiangsu 'Badly' Needs Medicines, Pesticides**

*OW1707134491 Beijing XINHUA in English  
1221 GMT 17 Jul 91*

[Text] Nanjing, July 17 (XINHUA)—The month long floods which have devastated Jiangsu Province have resulted in deteriorating environmental conditions, and various types of infectious diseases, such as flu and gastrointestinal disorders, are on the increase in the flood-stricken areas.

According to provincial officials, sterilizing medicines and pesticides are badly needed in most localities.

Wu Xijun, vice-governor of Jiangsu Province, said that the epidemic prevention situation in the flood-stricken areas of the province is becoming increasingly grim.

Wu said that due to continuous efforts in the struggle against the floods the ability of the people to resist diseases is declining.

The vice-governor said that as a result of the contamination of the environment and water resources, gastrointestinal diseases are on the increase amongst the people in the flood stricken areas who are now living in makeshift residences.

According to Wu, the provincial government has sent eight epidemic prevention teams to the flood-stricken areas since middle of June, and there are now over 30,000 medical workers engaged in epidemic prevention.

More than 100 tons of sterilizing medicines have been sent to villages in the flood-stricken areas, he added.

By July 15, some 8,813 villages were flooded, and more than four million people had been evacuated. In addition, over 400 rural hospitals have been destroyed by the floods.

Officials from the provincial public health department said that it is urgent for the province to get additional sterilized water, medicines and pesticides in order to help prevent the spread of infectious diseases.

## CAMBODIA

### Thousands of Malaria Cases in Kompong Speu

*BK1507114791 Phnom Penh SPK in English  
0415 GMT 15 Jul 91*

[Text] Phnom Penh SPK July 15—There were about 3,740 malaria sufferers and 4,000 malaria suspects in Kompong Speu Province in the first five months of this year, said Oeu Sarin, a doctor of the anti-epidemic teams of the province.

The number of malaria sufferers in the province was higher than the corresponding period last year, Dr. Sarin added.

Kompong Speu, which is located some 50 km west of Phnom Penh, is covered with vast expanses of forests and mountains, especially in the northwestern parts of the province. Most of the northwestern dwellers live on forest exploitation.

In Sambo District, Kratie Province, 200 km east of Phnom Penh, 930 people were also affected with malaria in the first six months of this year.

## LAOS

### Epidemic Breaks Out Among Cattle in Saraboury

*BK0907042291 Vientiane KPL in English 0917 GMT  
8 Jul 91*

[Text] Vientiane, July 8 (KPL)—Hemorrhagic septicemia and cholera have recently broken out in some localities of Sayaboury Province, killing 66 oxen and water buffaloes and 27 pigs.

The local veterinarians have launched repeated vaccinations to over 5,000 domestic animals, and the efforts have cured over 500 sick animals since early this year.

Last year, remote and out-of-reach localities in this northern province were the scenes of the outbreak of epidemics.

## SOLOMON ISLANDS

### Report of 29,000 Cases of Malaria

*BK1707071291 Melbourne Radio Australia in English  
0500 GMT 17 Jul 91*

[Text] More than 29,000 cases of malaria were treated in the Solomon Islands capital, Honiara, last year. The figure

included malaria patients from the provinces who were treated at clinics in Honiara and people who had malaria up to five times during the year.

Health authorities said the number of cases could be reduced if patients took the full course of their prescribed malarial medicines.

## VIETNAM

### Malaria Infects 228,659 People Nationwide

*BK1407130991 Hanoi Vietnam Television Network  
in Vietnamese 1200 GMT 9 Jul 91*

[Text] The Malaria Abolition Program, which has proceeded for more than 20 years in our country, has significantly contributed to the protection of the people's health and has practically served production.

But from 1980, due to changes in the socioeconomy, there have been dozens of thousands of people moving from the north to the Central Highlands and the plain areas in the south to make a living. The people move for the gold and precious stone digging in some mountainous areas. They are increasing every day, causing the malaria problem to become more serious.

Health services in villages have been degraded, and funds for anti-malaria and malaria prevention program are limited. Thus, in many areas in the North, especially in the mountainous areas—Hoang Lien Son, Nghe Tinh, and so forth—malaria has returned. In these provinces the numbers of malaria parasites are increasing. The malaria epidemic is spreading. According to initial statistics, in the first five months of this year, there were 228,659 people infected with malaria nationwide. Both the rate of people infected with acute malaria and the mortality rate are high.

In this situation, the Institute of Malaria Parasite and Insects has provided medicines at an opportune time, met demands from local hospitals, and given professional assistance to anti-malaria and malaria prevention programs for the ethnic minority people, the poor, and people in the new economic zones. At the present time, in the provinces of Nghe Tinh and Thanh Hoa, the anti-malaria and malaria prevention work has public support. The Thanh Hoa People's Committee has quickly put aside necessary funds for this work. Lang Son Province has organized sanitary and epidemic prevention activities, quickly finding and treating people infected with malaria to stop the spread of the epidemic.



**BULGARIA****Tuberculosis Remains Threat***91P20420A Sofia SVOBODEN NAROD in Bulgarian  
16 Jul 91 p 2*

[Editorial Report] On 16 July 1991 the SVOBODEN NAROD carries a 200-word article by Svetlana Tarashoeva entitled "Tuberculosis Once Again, but Without the Yellow Tinge." The author cautions Bulgarians against assuming that tuberculosis is a disease of the past. During 1990, according to Associate Professor Minchev, 2,256 new cases of tuberculosis were discovered. This brings the country's total number of cases to 9,268. The Bulgarian vaccine will soon be certified by the World Health Organization. However, it does not provide 100-percent protection.

**CZECHOSLOVAKIA****High Cancer Rate Attributed to Radioactive Contamination***AU1807112391 Prague MLADA FRONTA DNES  
in Czech on 17 Jul 91*

Article by Marcela Pechackova: "Is Radon the Cause?"

[Editorial Report] The article "Is Radon the Cause?" examines possible causes of the high incidence of cancer in the Strakonice District in South Bohemia, a district "where uranium used to be mined."

According to Pechackova, an average of 550 people per 100,000 inhabitants in Strakonice district contracted cancer in 1988. Thereby, the district had the highest incidence of cancer of all districts in Czechoslovakia (the rate for East Slovakia, for example, was 300; for North Bohemia, the most heavily polluted region, 386; and for Prague 443). Moreover, the tendency is rising—not only in Strakonice (which had only 450 cases of cancer per 100,000 inhabitants in 1985) but in South Bohemia as a whole.

Pechackova says: "[Czech] Minister of Health Martin Bojar learned about this only recently when the ministry was visited by Bretislav Reznicek, chairman of the Strakonice district office. He came equipped with persuasive arguments—figures about the occurrence of natural radon

in the entire Strakonice District." According to these figures, "drinking water resources in the district are contaminated with radon, the occurrence of which exceeds the norm once to eightfold."

According to experts, "the occurrence of radon really seems to be the strongest cause" of the high incidence of cancer in Strakonice District. It is impossible, however, to completely discount other factors, such as the fact that there are more smokers in the area than elsewhere, the high consumption of smoked meat, the shortage of water treatment plants in the district, or the fact that "the natural gas pipeline does not conform with the norm."

**ROMANIA****EEC To Assist Romanian Medical Projects***AU2607145591 Bucharest ROMPRES in English  
1111 GMT 26 Jul 91*

[Text] Bucharest, ROMPRES 26/7/1991—The EEC decided to assist six Romanian medical projects worth a total 25 million ECUs [European Currency Units]. The most important of them is aimed at supplying essential drugs and laboratory reagents through imports starting in the second half of this year.

Under the "PHARE" [Economic Reconstruction Aid for Poland and Hungary] programme as part of which aid is provided, national blood transfusion programmes will also be promoted to curb AIDS and viral hepatitis epidemics and to offset a chronic shortage of quality blood products. The programme makes provision for a new blood transfusion centre and a specialised institute in Bucharest, the re-equipment of Bucharest's existing centre and the building of seven transfusion centres in the main academic centres of the country.

Modernisation of the basic health care network including 410 village dispensaries is also part of the programme. Three million ECUs were allocated by the EEC for the training of medical personnel. Besides, five Romanian hospitals will experiment with self-management.

Re-equipment of the drug industry for the manufacture of new pharmaceuticals, and technical assistance to the Health Ministry and the Department of Chemistry for their drug price policies are part of the EEC package of measures.

## REGIONAL AFFAIRS

### Media Workers Discuss Cancer Prevention Campaign

*FL2207231591 Bridgetown CANA in English  
2048 GMT 22 Jul 91*

[Text] Castries, St. Lucia, July 22, CANA—Caribbean media practitioners discussed the role of the media in cancer education at a workshop held here Monday by the St. Lucia Cancer Society. In addition to participants from St. Lucia, officials and journalists from Jamaica, Grenada, and Barbados attended. The seminar was organised as part of the activities to mark Cancer Week here.

In an address to the opening session, chief medical officer Dr. Lincoln St. Catherine announced St. Lucians would soon be paying more for cancer treatment in Barbados because of a revision of the fee structure there. He urged St. Lucians to take the necessary preventive measures outlined for detecting cancer in the early stages as a means of combatting the prohibitive cost of treatment.

"In this fight against cancer, no effort should be spared," he said. St. Catherine warned that various factors such as depletion of the ozone layer, deforestation, and other man-made disasters "will have a negative impact on the human race" in terms of the various cancers that could be developed. He said that while 90 percent of all cancers can be prevented, "early detection" was necessary in the fight against the disease. Cancer is the fifth major cause of death here and the director of laboratory services, Dr. Stephen King, lamented that most people were not attending clinics for early detection of cancer.

The workshop, with the theme "Cancer is killing us, let us stop it, educate yourself," is aimed at developing a common approach between the cancer society and the media here to effectively fight cancer through education.

In an address, president of the St. Lucia Media Workers Association (SLMWA) Earl Bousquet said many journalists were expected to report on the disease without any knowledge.

"The workshop should go a long way in rectifying that position," he said.

## BRAZIL

### Health Minister on Future Projects, Problems

*91WE0387A Sao Paulo O ESTADO DE SAO PAULO  
in Portuguese 26 May 91 p 6*

[Article by Luciano Suassuna: "Alceni Talks About Health Program Without Setting Politics Aside"]

[Text] On Wednesday, one day after he and Rio Governor Leonel Brizola presided jointly over the ceremony which marked the launching of the "My People" program, Health Minister Alceni Guerra started a new and ambitious project: to enlist and train 100,000 people to serve, starting next January, as "barefoot doctors." After taking inspiration from Brizola's CIEP's [Public Education Integrated

Center], to produce the educational model for the Collor administration, Alceni Guerra, who is also minister of children's affairs, looked to the experiences of Mao Tse-tung, leader of the communist revolution in China, for the idea of the barefoot doctors.

"They must be people in the community, who will be trained to administer vaccines and diagnose the more simple ailments," the minister said. "We will begin in January with 45,000 barefoot doctors, in the northeastern states," he promised. A revised and expanded version of the SUCAM [Superintendency for Public Health Campaigns] techniques, the "barefoot doctors" program will also serve a political purpose. Although it was not called by that name, the pioneer experiment in Brazil was carried out by former Ceara Governor Tasso Jereissati. Using 3,000 well trained individuals from the community, Jereissati reduced the infant mortality rate in the state by 30 percent. Now the health minister plans to place 9,000 barefoot doctors in Ceara, starting in January.

As occurred with Brizola's CIEP's, the attempt to adopt the Ceara experiment on a national scale responds to President Collor's political interest in winning the support of the PSDB [Brazilian Social Democracy Party] for his government. The enrollment of people within the community in municipios in the interior of the country could also have a political purpose, in a year marked by elections for mayors and councilmen. "The programs in my ministry are technical programs," Alceni insists.

Such plans as the construction of 5,000 CIAC's [expansion not given] and the training of 100,000 barefoot doctors have caused the minister to be compared with that master of spectacular effects, film maker Steven Spielberg. Since he assumed the post, however, Alceni has lived with problems that, in times past, did not concern the country's health ministers. On 15 March 1990, the minister wagered that his administration would be successful if he achieved results in combatting the waiting lines at the INAMPS [National Institute for Social Security Medical Assistance] and in increasing the vaccination coverage. In the campaign that followed, he achieved a 91-percent vaccination rate against measles and this year there is a chance of eliminating the disease from the country. He also achieved a 92-percent rate of vaccination against poliomyelitis and a 79-percent rate for DPT vaccinations. He used 100 million doses of vaccines and won praise from the World Health Organization for the results, which surpassed the best rates previously achieved in the country.

Throughout his first year in the government, however, the minister was concerned about the possibility of an outbreak of meningitis and also of hemorrhagic dengue, and in the last two months he has been struggling against the cholera epidemic, which began in Peru, and fighting the entry of yellow fever into Brazil. The Brazilian Government should turn over a million doses of yellow fever vaccine to Bolivia, where 46 cases have already been reported in the province of Santa Cruz de la Sierra, on the border with Mato Grosso do Sul.

In his struggle against endemic diseases, the minister's biggest problems are not on the western border, but in the state capitals. In Sao Paulo, a meningitis epidemic was predicted last year. The government purchased 10 million doses of vaccines and ended by registering the usual average of 40 deaths in 1990. In Rio de Janeiro, it was initially predicted that 200,000 people would come down with dengue fever. Alcení spent 18 billion cruzeiros and the prediction was not borne out. Then the Oswaldo Cruz Foundation announced that the country could expect 3 million cases of cholera by the end of the year. "That estimate must have been made after a day at the beach and a good many rum cocktails," the minister retorted.

From a political standpoint, the problem is in Brasilia. "I have two epidemics against me," Alcení said. "The cholera in Tabatinga and the cholera of the PFL [Liberal Front Party] bench," he explained. To contain the latter "epidemic," the minister put a team of former congressmen on his advisory staff. The group is led by physician Joaquim Sucena, chief of the Civil Household of the Government of Mato Grosso, and includes former Senator Mario Maia (PDT [Democratic Workers Party]) and two former PFL congressmen.

#### **Routes of Yellow Fever, Dengue Infestation**

91WE0407B Sao Paulo FOLHA DE SAO PAULO  
in Portuguese 7 Jun 91 p1-10

[Article by Heloisa Neves]

[Text] The Brazilian border is a natural pathway for the spread of the yellow fever epidemic that is attacking Bolivia. The infestations of *Aedes Aegypti* mosquitoes (which transmit yellow fever and dengue) in 13 states and the poor vaccination rates in recent years could make it possible for the disease to reach the urban centers, according to Health Minister Alcení Guerra.

Of the 83 cases of yellow fever reported in the last five months in Bolivia, 65 occurred in areas near the Brazilian border, in Bolivia's Santa Cruz Province, and 10 cases occurred in Sao Vicente and Santo Inacio municipios, 80 km from Pontes de Lacerda (Mato Grosso do Sul).

"The Andes range is a natural barrier to the spread of the *Aedes* to the Pacific. For this reason, the disease moves in the direction of Brazil, which presents favorable conditions for it, with the massive presence of the mosquito," said Fernando Gil, an epidemiologist in the Bolivian Ministry of Social Service and Public Health.

The focus of the transmitting mosquito nearest to the border with Bolivia is in Corumba (Mato Grosso do Sul). Some 40 other municipios in the state are infested, 21 of them in the border area. In the neighboring areas in Bolivia, 70 percent of the yellow fever cases have been fatal, with 35 deaths.

The principal routes for the spread of the disease to the urban center are by plane and train from Santa Cruz de la Sierra, in Bolivia, to Corumba (Mato Grosso do Sul) and

Sao Paulo. According to the health minister, however, the area of risk for the entry of the disease extends from Rondonia to Parana.

There are currently infestations of *Aedes Aegypti* mosquitoes in 226 municipios in Sao Paulo, 22 municipios in Rio de Janeiro, including the capital, 18 municipios in Bahia, 72 municipios in Ceara, 45 municipios in Alagoas, 378 municipios in Minas Gerais, 47 municipios in Parana, and 23 municipios in Espirito Santo, in addition to the infestations in Pernambuco, Mato Grosso do Sul, Mato Grosso, Goias, and Tocantins.

"There is a permanent risk of the urbanization of yellow fever unless we undertake a joint program with Bolivia, not to mention the risk of new outbreaks of dengue fever in Sao Paulo and Rio de Janeiro next summer," said Health Minister Alcení Guerra.

Of the 7.8 million people who should have been vaccinated last year in Brazil, in areas where yellow fever is endemic, only 3.2 million received the vaccine.

#### **Number of Cholera Cases Rises With Victims Near Colombia**

PY1207223091 Madrid EFE in Spanish 1359 GMT  
2 Jul 91

[Summary] Manus, 2 Jul (EFE)—The Tabatinga hospital, located on the border with Colombia, today reported two cholera cases. With the cases, the total number of cholera cases reported in Brazil in the last three months is now 18.

#### **Four New Cases of Cholera Raise Total to 22**

PY1807020491 Brasilia Voz do Brasil Network  
in Portuguese 2200 GMT 17 Jul 91

[Summary] Disease Control Secretary, Baudu Soubert, has confirmed that a total of 22 cases of cholera have been registered in Brazil since the first case was reported four months ago. The latest four cases were detected in the Alto Solimoes region in the towns of Tabatinga, Benjamin Constant, and Atalaia.

#### **Health Ministry Admits Possibility of Cholera Outbreak**

PY2407014291 Sao Paulo FOLHA DE SAO PAULO  
in Portuguese 21 Jul 91 p 16

[Excerpts] Baldur Schubert, national secretary of the Health Ministry Sanitary Control, on 20 July admitted the possibility of a cholera outbreak in the northern part of Brazil. Schubert, who is also the Anticholera National Commission coordinator, said that the reduction of the water level of the Solimoes River, which separates Peru from Amazonas State, could increase the number of cholera cases. [passage omitted]

Antonio Donadon, health secretary of Benjamin Constant township, said 30 percent of the 24,000 residents drink potable water, while 70 percent drink nonpotable water. People lack sewage systems.

Marcos Lourenco, chief of the Health Ministry's Epidemiology Division, said the drop in the river level makes it difficult for people's excrement to dissolve.

The Health Minister has reported 26 cholera cases in the region, and 24 who are asymptomatic bacillum carriers. There are two other cases in Pontes and Lacerda (Mato Grosso State). Schubert said that the Health Ministry will not consider the carriers as cholera cases. "The patient who shows symptoms of diarrhea, vomiting, and convulsions" will be considered as someone affected by cholera. The Atalaia do Norte Health Secretariat has reported seven cholera cases. [passage omitted]

#### **At Least 100 People Infected by Bats With Rabies**

*PY1907180491 Rio de Janeiro Rede Globo Television in Portuguese 2300 GMT 18 Jul 91*

[Summary] A bat invasion is frightening inhabitants of Apora, Bahia State. A state Health Secretariat team is trying to control the problem; more than 500 people have been vaccinated against rabies. According to the Health Secretariat, at least 100 people have rabies in Apora Municipality. Experts are trying to catch the bats in order to poison them. The bats have already caused four deaths in Apora.

#### **Deaths From Leishmaniasis Reported in Bahia**

*PY2407003291 Sao Paulo FOLHA DE SAO PAULO in Portuguese 20 Jul 91 fourth section, p 3*

[Summary] The Disease Control Services of the Bahia Health Secretariat reported yesterday that two children have died of leishmaniasis in the past 25 days in the settlement of Pau D'Arco in Ibitita (504 km from Salvador) and that three other children are hospitalized in Bahia with the same illness. Studies are being carried out to determine whether the illness was spread by the phlebotomus mosquito or by water contaminated with pesticides.

### **CHILE**

#### **Health Minister Reports 41 Cholera Cases, Two Deaths**

*PY0607133091 Santiago Radio Cooperativa Network in Spanish 2300 GMT 7 Jul 91*

[Summary] Health Minister Dr. Jorge Jimenez has reported that 41 cholera cases have been reported in Chile, including two fatalities.

### **COLOMBIA**

#### **Cali, Medellin Control Cholera Cases**

*91WE0425A Bogota EL TIEMPO in Spanish 7 Jun 91 p 8A*

[Text] In view of the confirmation of eight cases of cholera in Cali, three of them in the district of Aguablanca, health agencies have tightened the epidemiological cordon around the places identified as high-risk areas because of the lack of basic public services (water and sewage).

Although no red alert was called because the cases are under control, Cali Mayor German Villegas declared a state of emergency. As a result, the various government agencies are to give priority to social development projects in this municipal jurisdiction.

In addition, the Oral Rehydration Units (UROP) at health clinics in the Siloe neighborhood in western Cali were reinforced. Ten percent of the population has no potable water in El Cali, one of the areas worst affected by the lack of basic public services.

According to Jorge Enrique Alvarez, director of the Local Integrated Health System (SILOS), headquartered in Aguablanca, interdisciplinary groups have been formed to go house to house in the identified areas and expand the cholera prevention and education programs.

"The purpose is to set up 'watch families' to implement the comprehensive plan to curb the advance of cholera in places where the bacteria have been found. The plan calls for training the members of a leading family in the community to promote good health," said the official.

The "watch family" is to design and carry out programs for prevention, early control of diarrhea so that patients can be sent to health centers, and detection of people coming from areas affected by the disease.

#### **Medellin Without Cholera**

Meanwhile, in Medellin, the epidemiology center of the Metropolitan Health Institute (Metrosalud) has confirmed that so far not a single case of cholera has appeared in the metropolitan area.

Bernardo Alejandro Guerra Hoyos, director of Metrosalud, said that the institute is working on a prevention plan that will involve phone calls and talks in the community to encourage people to take extreme hygiene measures in their homes.

"In this regard," said the official, "1,600 food handlers and laboratory employees in various entities and in the 4th Brigade have received training. Moreover, strict measures are being taken to ensure basic hygiene in the schools and low-income areas of the city."

Metrosalud has designed a hospital care plan aimed at preparing for a potential epidemic. In addition, all food that comes into the city is being inspected.

#### **Debate on Cholera**

The situation on the Pacific coast and the Medellin prevention model will be analyzed in Buenaventura today by Health Minister Camilo Gonzalez Posso, along with other health authorities, governors, and mayors.

In addition, the campaign to promote fish consumption will be officially unveiled in Buenaventura. When properly prepared, fish poses no danger to those who eat it.

The objective of this campaign is to prevent further harm to the fishing sector, which has been seriously threatened since cholera appeared in Colombia three months ago.

Furthermore, the United Nations Food and Agriculture Organization (FAO) offered aid to stop the propagation of cholera in Latin America and the Caribbean by means of quality control programs for food.

The Technical Cooperation Program will last one year and will cost \$150,000. During that time, a quality certification system will be implemented for seafood and produce to combat the economic impact of the cholera epidemic.

### **Cali Reports First Cholera Victim**

*91WE0425B Bogota EL ESPECTADOR in Spanish  
8 Jun 91 p 10A*

[Text] Little Yanneri Trochez, seven, became the first victim of cholera in Cali yesterday. The epidemic reached that city this week after raging along the Pacific coast, confirmed Municipal Health Secretary Fernando Gutierrez Gutierrez.

The little girl died of dehydration after being brought in from Brisas de Mayo, a neighborhood in southwestern Cali in the sector of Siloe.

A total of 13 cholera cases have been confirmed in the capital of the Valle del Cauca. Two of them appeared in mid-April, and another 11 patients reported symptoms last week.

Most of those stricken live in Aguablanca, along the banks of the Cali River, and some have arrived from Buenaventura and then developed the disease in Cali.

According to the secretary of health in this section, Luis Fernando Cruz, 600 probable cases of cholera have been recorded in the Valle del Cauca, with 120 being confirmed so far.

The total number of people who have died in the Valle del Cauca as a result of this disease climbed to six. Five of the victims lived in the Buenaventura area.

### **On the Pacific Coast**

In addition, nine cases of cholera have been reported in Timbiqui, Cauca, where two more patients came in from the area of Zaija yesterday with symptoms of the illness. At the San Francisco de Asis Hospital in Guapi, two other patients were admitted. Tumaco Mayor Ernesto Kaiser Mendoza, meanwhile, confirmed in Buenaventura that in the last 24 hours a total of four people exhibiting the symptoms were admitted to the hospital in Tumaco.

In the Cauca, near Caloto, safety measures were stepped up in order to prevent the disease from spreading. On 28 May, a 64-year-old patient with a confirmed case of cholera entered the Nina Maria Hospital there. The woman had come in from Sabaletas, in the precinct of Guachene, where sanitation systems are minimal.

Health agencies have asked the Health Ministry to send hydration salts, as there are not enough to go around among the nearly 10,000 people who live in 12 villages near Caloto.

Furthermore, the director of the Timbiqui Hospital, Humberto Ortiz, stated that in the rural areas under the jurisdiction of Guapi, two Indians died of the illness.

One of the victims was Amalia Tovar, and the other has not been identified.

It should be noted that in the three coastal towns of the Cauca, Lopez de Micai, Timbiqui, and Guapi, the disease has hit the rural population hard. More than 50 patients have been treated, most of them adults over 40.

The doctor urged the Health Ministry to fulfill its promise to send at least three more practitioners to the area, because the epidemic is advancing rapidly and there are not enough medical personnel.

### **Officials Ask OAS for Help With Cholera**

*91WE0425C Bogota EL ESPECTADOR in Spanish  
9 Jun 91 p 10A*

[Report by Flover G. Gonzalez]

[Text] Buenaventura—Although it was more a political debate against Antonio Navarro Wolf, whom many of the participants described as empty-headed and demagogic, the members of the 5th Committees of the Senate and Chamber of Deputies proposed in Buenaventura that a public disaster be declared for this port and other places hit by cholera.

The congressmen who visited this city also called for urgent intervention by the OAS to deal with the illness.

Both the congressmen and Health Minister Camilo Gonzalez Posso also demanded more funds for the health of the Colombian people, while opposing any attempt to eliminate local taxes on liquor and games of chance.

In the joint session, held on Friday in Buenaventura and chaired by Liberal Senator Ernesto Rojas Morales, the cholera problem was debated, and it was recommended that the government invoke Article 48 of Decree 919 of 1989 to declare a disaster in Buenaventura and other areas affected by the cholera epidemic.

The chairman of a Senate committee was asked to proceed as quickly as possible to pass the bill designed to establish a voluntary social service. In this way, the various services in charge of protecting environmental health and providing health care will be reinforced quickly with 20,000 students in all of the high-risk areas.

According to the Liberal Senator Rojas Morales, actions should be taken on a much greater scale, but he warned that Congress does not consider that sufficient efforts have been made in the campaign against this epidemic. He said that the government should assume all financial responsibility, as the poor municipalities of the coast cannot be expected to bear the burden.

He recommended in his speech that a surtax on beer be considered as a means to finance potable water programs. He also expressed disagreement with the idea of dismantling the monopoly on revenues from liquor and lotteries,

which he claimed would leave the departments penniless and would fill the pockets of private companies.

Minister Gonzalez Posso expressed a similar view on the matter, saying that eliminating the monopoly would be catastrophic for health care. What is needed is money, he said, and noted that the priority given to individuals in development programs should be shifted. "Health is not a minor expense," he claimed, "it is a positive investment and we must struggle for a new concept of development to promote the individual."

Rojas Morales, who like all his fellow legislators feels like a lame duck in this session, called upon the Constituent Assembly to make a pronouncement on health care financing. He said that as an intellectual force they will defend the rights of the residents of the Pacific region.

The participants in the session were critical of the government's delay in taking action against the cholera epidemic, but they acknowledged that the work that is being done is positive. The minister came out in defense of the programs, emerging unscathed by the opportunism and demagoguery of some congressmen.

#### More Dynamic Approach

The congressmen proposed that the OAS, as the top-ranking organization in the hemisphere, promote international action to prevent cholera and alert the people of Latin America. They also said that the international community should be urged to provide humanitarian cooperation, and that an emergency organization with the most modern technology and medical care should be created at the highest level in each of the affected countries.

In this way, the OAS will be able to develop collective action to respond to the dramatic plight of our people, who are struggling to preserve democracy under the most deplorable conditions of underdevelopment.

The proposal, which will be sent to the secretary general of that body and to the parliaments of all the member states, was based on the argument that in view of the terrible threat of cholera, both real and potential, that looms before the people of the Americas, the OAS must take a more dynamic approach so that this scourge can be confronted jointly, effectively, and urgently, without detriment to governments' national programs.

#### To the Beat of Currulao C

There are no messiahs, no magic to do away with cholera, said Health Minister Camilo Gonzalez Posso. But in Choco, where the capital city of Quibdo has been without water for three months, *Vibrio cholerae* will be fought to the beat of the drum and maracas, and the government will do the same to the tunes of the salsa group Niche and Joe Arroyo.

There is indeed a prevention and control plan for all of the municipalities of Choco, drawn up by the local health

service in conjunction with the mayors, following the recommendations of the National Health Watch Committee.

In view of the lack of hospitals and services, Choco residents are holding health festivals, with music and drums, at the same time that they are carrying out education and prevention campaigns. "It is impossible to prevent cholera and to prevent the illness from reaching Choco. The epidemic will arrive any day now. That is why the campaign our countrymen are carrying out is so admirable," commented the minister. Meanwhile, Quibdo Mayor Bladimiro Garces Machado was warning of his municipality's lack of funds and of the danger this dread disease poses for the entire population of his department.

In this regard, Minister Gonzalez Posso indicated that the real mainstay of this part of the country is Antioquia, which is why he will go to Medellin this Wednesday and from there to Quibdo to obtain more detailed information on the danger that looms ahead.

As for the salsa rhythm, it was revealed that the Niche Group and singer Joe Arroyo will record a song to be played on all television and radio stations. "Cholera is a chain and if we break the chain we can kill cholera," goes the salsa song in part.

#### Great Sweep

Minister Gonzalez also reported that on the 17th of this month, a great "sanitation sweep" will take place simultaneously on the Atlantic and Pacific coasts, where action will be taken to combat polio, cholera, and malaria.

He said that about 981,000 children under the age of five will be vaccinated against polio, and anticholera information will be distributed to some 700,000 households on the Atlantic coast. An unprecedented campaign against malaria will be launched along the Pacific coast, where the lack of funding has been a major obstacle.

#### Media Reports on Cholera Epidemic

##### Forty-two Deaths

PA1307131091A Bogota Radio Cadena Nacional  
in Spanish 1200 GMT 6 Jul 91

[Editorial Report] Colombian Public Health Minister Camilo Gonzalez says that the country "has entered a new phase," because the epidemic has spread "in a south-to-north direction" from the Pacific Coast. He added that the epidemic "has reached big towns like Buenaventura" and some cases have been reported in the municipalities of Tolima, Huila, and Puerto Wilches. Gonzalez says that "a new preventive scheme must be implemented in the country" because, even though "the number of cases is small compared to Ecuador and Peru," Public Health Ministry records show that "42 persons have already died of cholera in Colombia." The minister also says that the authorities are trying to confirm reports that "25 persons have died in isolated areas throughout Choco Department," but they "can only confirm the death of 11 persons."

**Nurse Infected**

PA1307131091B Bogota EL NUEVO SIGLO  
in Spanish on 7 Jul 91

[Editorial Report] A nurse has become "the first cholera victim in the capital" and "she is being treated in her own house" to prevent the spread of the disease. The report reveals that "the nurse was sent to work in Buenaventura," where she caught the virus, but the symptoms were not evident until she had returned to the capital. The report adds that "2,600 cholera victims have been reported throughout the country" and "a commission led by Dr. Alberto Concha went to Toribio, Cauca Department, where 100 cases have been registered."

**Over 4,000 cases**

PA1307131091C Mexico City NOTIMEX in Spanish  
2331 GMT 12 Jul 91

[Editorial Report] Colombian Public Health Ministry sources "today confirmed" that "65 persons have died" of cholera and "more than 4,000" persons have the disease, particularly in the country's southwest. The report adds that "the largest number of victims" has been registered in Cauca Department, where "29 persons have died." A similar situation is said to prevail in Choco Department, "where more than 25 have died." The report states that "the epidemic started at the port of Tumaco" and that it is "quickly spreading throughout the country's central and northern regions."

**GUATEMALA****Widespread Dengue Epidemic**

91WE0415A Guatemala City EL GRAFICO in Spanish  
30 May 91 p 24

[Article by Roberto Espinoza Perez]

[Excerpt] Coatepeque, 29 May—The 60,000 residents of this Guatemalan community are greatly alarmed over the more than 500 cases of dengue reported. Dengue is a disease caused by a mosquito that has multiplied here over the past 30 days.

The Ministry of Public Health's Malaria Division, the agency responsible for fighting the insect that carries the disease, does not have the necessary insecticides and its

personnel have been limited to pouring larvicides in standing water, while the mosquito continues to reproduce.

Residents say the Ministry of Public Health must turn its attention to this problem and take the necessary measures to fight the insect that acts as a vector for the disease.

A difficult situation similar to that experienced by Coatepeque residents is currently being endured by the people of Mazatenango, Retalhuleu, and the coastal area of the Department of San Marcos, where the disease has assumed epidemic proportions. [passage omitted]

**PERU****Over 60 People Die of Malaria in Chavin Region**

PY1407231091 Lima EXPRESO in Spanish 2 Jul 91  
p 10

[Text] Huaraz, 1 Jul (EXPRESO)—Over the past few days, more than 60 people, including children, adults, and old people, have died of malaria in Buenaventura District, Maranon Province, which was recently added to the Chavin region.

This information was released by regional Prefect Pedro Maguina Calderon, who explained that Buenaventura authorities have gone to Huaraz to request assistance in facing the deadly disease, which threatens to spread throughout the region.

Regional Health Director Luis Agreda Ulloa said that medicine will be sent quickly to areas affected by the malaria outbreak. A medical team will go there in the next few hours.

Buenaventura Governor Floriano Limas Villanueva has told regional authorities that the disease is spreading rapidly in areas with deficient health services.

**URUGUAY****Measles Epidemic Spreads in Montevideo**

PY2407012291 Montevideo EL PAIS in Spanish  
17 Jul 91 p 13

[Summary] Jorge Basso, general director of Montevideo's Department of Hygienics and Social Assistance, said that a measles epidemic "has begun to spread in Montevideo" and that the situation of one "of emergency." Basso called on national authorities to intervene quickly because of "the gravity of the situation."

## INDIA

### New Class of Typhoid Germs Discovered

91WD0925 Calcutta *THE TELEGRAPH* in English  
29 May 91 p 5

[Text] New Delhi, May 28: (PTI)—Doctors in India are worried about the spread of a new class of typhoid germs that are resistant to most conventionally used antibiotics.

Reports of multi-drug resistant typhoid causing bacteria, *Salmonella typhi*, have come in from hospitals in Delhi, Bombay, Chandigarh and several centers in south India. Multi-Drug Resistant *Salmonella Typhi* (MDRST) cannot be killed by drugs like Chloramphenicol, Cotrimaxazole and Ampicillin. These are antibiotics that doctors have used for years to combat typhoid.

"This is the first time the MDRST infection has surfaced on a countrywide scale," says Dr. R.A. Bhujwala, additional professor of microbiology at the All-India Institute of Medical Sciences (AIIMS) here.

Scientists say some doctors themselves might have played a small role in helping such germs gain a foothold in sections of the population by inadvertently advocating irrational and excessive use of antibiotics.

Although drug-resistant strains of *Salmonella typhi* have appeared in India over the past few years, the germs usually responded to at least one of the conventional antibiotics. The incidence was also localized and a short-term phenomena.

When the current phase of the MDRST infection was first noticed around the monsoon last year doctors hoped it would again be a temporary phenomenon.

"But the MDRST infection now is persisting," said Dr. A. Rattan, AIIMS microbiologist. "On an average, nearly half of all the strains that we are isolating are multi-drug resistant."

For patients, MDRST infection will mean a typhoid fever that will last longer with the possibility of complications and recurrence and relatively more expensive treatment as doctors are forced to turn to new third generation antibiotics.

### Gastroenteritis, Cholera in Delhi, Lucknow

91WD0923 New Delhi *PATRIOT* in English  
4 Jun 91 p 2

[Text] Lucknow, June 3 (UNI)—Gastroenteritis and cholera, which broke out in epidemic form in the capital city on Sunday last, spread to four other districts yesterday and have claimed, as many as 42 lives in the state so far.

Officials have, however, admitted only 29 deaths.

Director medical health Dr. Subodh Mittal told UNI that 20 deaths were reported in Lucknow, in Saharanpur, four in Fatehpur and two in Kanpur. About one hundred cases have been reported from Saharanpur, Fatehpur, Kanpur and Faizabad, Dr. Mittal said.

Fifty-six more cases of gastroenteritis have been reported in Lucknow during the last 24 hours taking the total number to 606.

Meanwhile UP Health Minister Mata Prasad Pandey has recommended to the Chief Minister to constitute a high level enquiry to probe into the causes which led to the sudden outbreak of gastroenteritis and cholera cases and take action against the quality.

A five-member expert committee of doctors headed by director medical health for epidemiological study was constituted. The committee comprises Dr. J.K. Dhavan additional director State Health Institute, Dr. R.S. Khare director Medical Care, Dr R.S. Pandey (Malaria) and head of the Social Preventive and Medicine Department K.G. Medical College. The committee has been asked to submit its report within four days, an official spokesman said.

City mayor Dr. Dauji Gupta has blamed the State government for the outbreak saying that it was the result of a drastic cut in the allotted grant to the Lucknow Municipal Corporation and the Jal Sansthan.

### Cholera, Gastroenteritis in Karnataka

91WD0926 New Delhi *PATRIOT* in English  
9 Jun 91 p 6

[Text] Gulbarga, June 8 (UNI)—Twenty-six persons, including 16 children, have died due to cholera and gastro-enteritis in Shorapur Taluk in Gulbarga district of Karnataka in the last four days.

Deputy Commissioner Subash Chandra Kuntia said today that 19 deaths were reported in Hunasigi, six in Kokkera and one in Shorapur.

He said more than 375 people were undergoing treatment for cholera and gastro-enteritis in various hospitals in the district.

He said 18 more cases of gastro-enteritis and cholera had been reported in Shahbad town and all precautionary measures taken to prevent the spread of the diseases.

Mr. Kuntia said Hunasigi, Kokkera, Hagaratigi, Kembavi, Bandodi, Gowdageridoddi, Pirgordoddi and Gohardoddi villages had been declared as cholera affected. Hotels and restaurants in these villages had been ordered closed for ten days and sale of mutton, fish, cut fruits and ice creams banned as a precautionary measure.

### Andhra Pradesh—700 Die of Gastroenteritis

BK1807033691 Delhi All India Radio Network  
in English 0240 GMT 18 Jul 91

[Text] In Andhra Pradesh, over 700 people have died of gastroenteritis since the onset of monsoon this year. The state health secretary said in Hyderabad that the disease is widespread in nine districts with Rangareddy alone accounting for 103 deaths. District authorities have been instructed to take preventive measures to check the spread of disease.



**Gastroenteritis Hits 3 Himachal Districts; 74 Deaths**

*BK1907045891 Delhi All India Radio Network in English 0435 GMT 19 Jul 91*

[Text] In Himachal Pradesh, 74 people have died of gastroenteritis epidemic which hit three districts of the state. This was disclosed by the chief minister, Mr. Shanta Kumar, in Simla yesterday. Talking to newsmen, he said that 68 people died in Mandi District alone, and five in Hamirpur, and one in Sirmaur.

**IRAQ****New Cholera Cases in Baghdad, Governorates**

*JN0307151991 Baghdad INA in Arabic 1359 GMT 3 Jul 91*

[Text] Baghdad, 3 Jul (INA)—The Health Ministry's departments have announced that 33 new cholera cases were recorded during the period 18-30 June.

A source at the Health and Environment Protection told INA that 10 cases in each of Baghdad and Diyala, six in Ninawa Governorate, three in Babil Governorate, two in Karbala' Governorate, one case in al-Basrah Governorate, and one in al-Muthanna Governorate have been reported.

The source said that no deaths have been recorded, and that the condition of those who are in the hospital is good.

**Cholera, Typhoid, Hepatitis Spread in Baghdad, Governorates**

*JN1407115391 Baghdad AL-QADISIYAH in Arabic 11 Jul 91 p 5*

[Article by Yusra Makhul]

[Excerpt] The Ministry of Health announced yesterday that 49 citizens have been infected with cholera in Baghdad and the governorates.

In a statement issued yesterday, the ministry said that the health departments recently registered six cholera cases in Baghdad, two cases in al-Basrah, two cases in al-Sulaymaniyah, three cases in Irbil, 33 cases in Diyala and one case each in Maysan, Dhi Qar, and al-Muthanna.

The statement added that no deaths have been registered among those infected with the disease. Thus, the number of those infected with cholera from 9 May to 9 July rises to 324.

It is worth noting that the Ministry of Health announced this week that three other diseases are spreading in Baghdad and the governorates. These are typhoid, amoebic dysentery, and viral hepatitis. Compared with the June 1990 figures, there are three times as many typhoid cases, twice as many amoebic dysentery cases, and two and a half times as many viral hepatitis cases.

This was disclosed to the AL-QADISIYAH correspondent by Dr. 'Abd-al-Amir al-Thamiri, director general of the

Preventive Medicine and Environment Protection Department at the Ministry of Health. [passage omitted]

**'Sharp Increase' in Dysentery, Hepatitis, Typhoid Noted**

*JN0807075391 Baghdad INA in Arabic 0723 GMT 8 Jul 91*

[Text] Baghdad, 8 Jul (INA)—The Ministry of Health has announced a sharp increase in the spread of epidemics and a number of contagious diseases in Baghdad and some Iraqi governorates.

Dr. 'Abd-al-Amir al-Tamiri, director general of the medical prevention and environmental protection department, said in an interview with the newspaper AL-JUMHURIYAH published today that the health departments in Baghdad and the governorates have noticed a sharp increase in cases of typhoid, amoebic dysentery, and hepatitis A, during the current stage.

He said that the increasing spread of these diseases is the result of a huge shortage of the medicines and medical supplies needed to protect people from these diseases, in addition to the huge damage to services and health facilities all over Iraq as a result of the U.S.-Atlantic-Zionist aggression.

**WHO, UNICEF Asked To Help Eradicate Polio Virus**

*JN1307093691 Baghdad INA in Arabic 0815 GMT 13 Jul 91*

[Text] Baghdad, 13 Jul (INA)—Iraq has asked the WHO and UNICEF to help it in implementing a program designed to eradicate polio, which has resurfaced as a result of the conditions of American aggression and blockade.

In a statement to the newspaper AL-JUMHURIYAH, Dr. Muhammad 'Abd- al-Rahman Tawfiq, director of the vaccination program, said that the U.S. aggression against Iraq has completely destroyed and eliminated Iraq's accomplishments in the health field.

Dr. Tawfiq affirmed that the savage 30-state aggression demolished health centers and power stations alike, thus destroying children's vaccines—not to mention the fact that medicine has been scarce, thanks to the unjust blockade. He pointed out that the technical problems health institutions face because of the aggression and the shortage of refrigeration and preservation equipment has dealt a fatal blow to the efforts Iraq is making in this regard.

Concluding his statement, he pointed out that the disruption in health programs caused by the aggression makes it incumbent on world organizations, including WHO and UNICEF, to urgently intensify their assistance to Iraq.

### **Official on Health Effects of Food, Medicine Embargo**

*JN2307152991 Baghdad INA in Arabic 1145 GMT  
23 Jul 91*

[Text] Baghdad, 23 Jul (INA)—Dr. Shawqi Sabri Murqus, under secretary of the Health Ministry, has warned against the grave consequences of the sustained medicine and food blockade on the lives of thousands of patients, especially children, at Iraqi hospitals and health centers.

In a statement to INA, the Health Ministry under secretary said that Iraqi health institutions and hospitals are suffering from a serious scarcity of medicines and medical supplies, especially anaesthetics for surgical operations.

He explained that the Health Ministry urgently asked UNICEF representatives to conduct a field inspection and shed light on the serious situation resulting from the arbitrary decisions by the states of aggression and their inhuman interference in medical imports, which affect the lives of patients.

Dr. Shawqi Sabri said UNICEF has made intensive efforts to explain the gravity of the medicinal situation in Iraq and urged the UN Security Council to lift the medicine blockade imposed on Iraq and allow Iraq to import medicines, which are becoming scarcer every day.

He indicated that many delegations representing international health and humanitarian organizations visited Iraq recently and were acquainted with Iraq's needs of medicines and medical requirements. They also witnessed the effects of the medical and food blockade on citizens, especially hospital patients.

He explained that a report prepared by a team of Harvard University experts that recently visited Iraq warned against the gravity of the sustained blockade, which will jeopardize the lives of 170,000 Iraqi children by the end of this year.

The Health Ministry under secretary appealed to international humanitarian and health organizations to intervene to secure a speedy end to the blockade imposed on anesthetics and life-saving drugs which have clear uses in all humanitarian and health organizations, and the shortage of which can seriously affect the health of Iraqi citizens.

### **FAO Endorses Veterinary Medicines, Vaccines Project**

*JN1407125491 Baghdad INA in Arabic 1100 GMT  
14 Jul 91*

[Text] Baghdad, 14 Jul (INA)—The UN Food and Agriculture Organization [FAO] has endorsed the launching of a project designed to secure veterinary vaccines and medicines in Iraq.

FAO representative in Iraq Faruq al-Dasuqi said that the vaccines in question include the ones used to prevent the infectious brucella which attacks sheep, internal toxico-sis and camboro [as received] in poultry, and anthrax. Other

medicines required include antibiotics as well as test material for the al-sir'am [as received] disease which attacks horses.

This project is intended to help Iraq alleviate the shortage in this area, which occurred when the central veterinary laboratory was gravely damaged by the U.S.-Zionist-Atlantic aggression against Iraq.

## **NEPAL**

### **Flooding Brings Outbreak of Gastroenteritis, Measles**

*BK2207002291 Hong Kong AFP in English 1844 GMT  
21 Jul 91*

[All figures below as received]

[Text] Kathmandu, July 21 (AFP)—A further 183 people have died in western Nepal following an outbreak of gastroenteritis and measles which has claimed around 600 lives in the past eight weeks, public health sources said Sunday.

Officially, the recent deaths in the districts of Acham and Dang, 360 kilometers (225 miles) west of Kathmandu, stood at 106 as of Saturday.

"Although officially only 83 deaths caused by gastroenteritis and measles in more than 19 villages on the outskirts of Achham Urban area were confirmed, at least 150 have died since Friday," local MP Govinda Shah said. The outbreak, caused by polluted flood waters, "may claim several hundred more village children in the next two weeks if the government fails to deploy medical teams," Mr. Shah said.

Health Minister Rambadan Yadav had visited the affected areas and instructed local authorities to make necessary arrangements for the urgent treatment of [word indistinct], an official source said.

## **OMAN**

### **Plans To Continue Polio Immunization Program**

*91WE0409A Muscat TIMES OF OMAN in English  
4 Apr 91 p 1*

[Article: "No Polio Cases for 2 Years But Vigilance Remains"]

[Text] Though not a single confirmed case of poliomyelitis had been recorded in the Sultanate for over two years, Oman still needs to vigorously pursue its immunisation programme, a senior health official said yesterday.

"There is no evidence that poliomyelitis had been eradicated from Oman, hence there is no room for complacency at all," Prof. M. S. al-Buwali, Director-General of Curative Medicine at the Ministry of Health told the "TIMES."

In fact, five percent of children in Oman were still not immunised, he pointed out, and a "wild polio virus imported from anywhere could attack these children," he cautioned.

This had happened in 1988 when, despite Oman's immunisation programme, there was an attack of polio because of the import of a wild virus.

Prof. al-Buwali, Chief of Child Health Services in Oman, stressed the need for maintaining the tempo of the immunisation programme. Regular booster doses of the polio vaccine should be given, he said.

He cited the example of Europe and America where there were fresh outbreaks of measles after the countries became lax in their immunisation programmes.

He said the measles virus stays in the system and it can stage a comeback even 15 to 20 years after it has been controlled, causing severe brain damage.

In the case of polio, developed countries commenced immunisation schemes in the late 50s and they still continue.

"Even after Oman achieves a 100 percent immunisation, we also intend to carry on with the programme with the same amount of if not more vigour," he added.

#### Success

Prof. al-Buwali said that so far the immunisation programme had met with great success. Due to the expanded programme of immunisation, the effectiveness of the used vaccines in various areas and most important the awareness of the people, since February 1989, no confirmed case of polio had been recorded in Oman.

Another important factor in the control of the disease, is the new infant immunisation programme under which the infant is immunised immediately after birth and when he or she is 40 days old, he pointed out.

#### Study

The Director-General said that since September a study was in progress in Sohar to find out whether oral polio vaccine or the injection form is better, or whether a combination of both is more effective.

He said that a two-day workshop on the National Woman and Child Care Plan on May 22 and 23, the second day will be specially devoted to the topic of poliomyelitis.

It will also discuss what happened in 1988 during the polio attack with a view to understanding the real causes, as well as to assess the effectiveness of the measures taken by the Ministry of Health.

Two well-known experts from the USA will share their experiences and present papers on poliomyelitis.

Prof. al-Buwali added that the first day of the workshop to be held at the Institute of Health Sciences, Wattayeh,

would be devoted to discussions and a review of the objectives, programmes and achievements of the National Woman and Child Care Plan.

## TUNISIA

### Rabies Statistics, Aphthous Fever Campaign Reported

91WE0440A Tunis LA PRESSE DE TUNISIE  
in French 3 Jun 91 p 3  
[Article by Fatma Zaghouani]

[Text] Animal husbandry is one of the basic [economic] activities of the Kairouan governorate and is the second-most productive (after market gardening) despite the number of problems and constraints working against it. They include:

- the chronic feed shortage, which varies by year from 50 million (in 1990) to 150 million (1988);
- the steady loss of grazing land to other speculative activities, notably tree farming;
- inadequate integration of animal husbandry into the agricultural system of production.

That is why regional and national officials are working nonstop to eliminate these handicaps. The steps being taken include: improving food resources, stockpiling food reserves, genetic improvements, artificial insemination, synchronization of rutting times, anti-infertility measures, and wider availability of veterinary care. Indeed, while food resources and genetic potentials are being improved, veterinary care for the country's livestock is also being made increasingly available, to limit economic losses and ensure better animal production. Aphthous fever, for instance, is a scourge that still threatens our animals. The fight against it is usually confined to cattle and especially milk cows. However, ever since it caused severe damage to sheep at the end of 1989 during the height of the lambing season, causing substantial economic losses (estimated at a million dinars), three campaigns have already been organized to vaccinate the four susceptible species. The first campaign (November 1989 to February 1990) involved 742,746 head of sheep, goats, cows, and camels. The second campaign (April, May, June 1990) reached 708,846 head of all the species. The third vaccination drive (end of December 1990 up to March 91) involved 752,632 head.

The fourth campaign will begin this May and will continue until 15 July, 1991. Besides these vaccination drives, a serological study was conducted to determine our livestock's level of immunity at the end of the first two campaigns. Finally, simultaneous with the fourth anti-aphthous fever campaign, the animal production district is going to undertake a campaign to vaccinate sheep against sheep-pox and dogs against rabies.

**Sheep-Pox**

Although the illness has declined sharply as a result of annual vaccination drives, sheep-pox is still a threat to sheep (only one epidemic source was reported in 1989 in a migrating herd). Hence the need to be vigilant and to seriously pursue the fight against it.

**Anti-Rabies Effort**

There are over 50,000 dogs in the whole Kairouan governorate that are vectors of rabies, which is still rife in the area despite the efforts made since 1984. Ten cases were reported in 1988, 22 in 1989, 7 in 1990, and 2 in 1991.

**Helsinki City Sends Lithuania Medicines**

91WE0394B Helsinki HELSINGIN SANOMAT  
in Finnish 30 May 91 p 3

[Text] The City of Helsinki intends to present the Support Association for the Baltic People some medicines to be sent to Lithuania. The Board of Health resolved in its meeting on Wednesday to make a proposal on this to the city board. According to the Health Board Pharmacy, a suitable amount would be a batch of medicines worth about 67,000 markkas. These medicines will become ineffective in two to two and a half years and might not be used up by the Helsinki Health Department before that. Because of Lithuania's severe shortage of medicines, they would be used before becoming too old.

**TV Reports on Volgograd Water Shortage, Cholera Danger**

PM1807133791 Moscow Central Television First  
Program Network in Russian 1800 GMT 14 Jul 91

[From the "Vremya" newscast: Report by Ye. Orlov and V. Ilinets, identified by caption]

[Text] [Announcer] A very acute situation has arisen over the supply of drinking water to Volgograd—a city of 1 million inhabitants. Unusually hot and dry weather is making the situation worse.

**Orlov:** There is no water in this city, which lies along the banks of Europe's longest river. You just wouldn't believe it. Even swimming in the Volga isn't possible everywhere. Cholera pathogens have been found in the river. Doctors are currently advising people to be extra careful about cleanliness and personal hygiene. But many people don't even have the wherewithal to wash their hands before eating. Worse still, there's not even enough drinking water.

Desperate people have been holding spontaneous meetings and besieging the executive committee building. According to the local press, cheery, quick-witted traders have turned up in the city offering barrels of water for 30 rubles [R] or three bottles of vodka. The operational headquarters continues to hold daily meetings at the city soviet. It seems they're trying to normalize the water supply situation in some way. The latest accident on the northern water pipeline immediately affected the residents of five of Volgograd's rayons. Although the situation in the other three is no better. Many water pipelines were installed around 50 years ago. There are even some dating back to before the war. It will take R20 million to completely modernize the entire system. This letter to the Russian Government is a cry for help. If it goes unheeded the people of Volgograd will have to put up with scenes like this for quite a while.

**Tyumen City's Water Supplies Contaminated**

PM1707134191 Moscow SOVETSKAYA ROSSIYA  
in Russian 17 Jul 91 First Edition p 4

[TASS report: "Accident in Tyumen"]

[Text] Many residents of Tyumen have gone to work unwashed. The main water supply feeding Tyumen was cut off at midnight. Water from the Tura River had suddenly emerged with a strong, unpleasant and unidentified smell. So far a water supply has been laid on only to public catering enterprises and medical establishments, and the delivery of water to residential districts has been organized using motor transport.

The city leaders and sanitary-epidemiological station workers are using aircraft to try to ascertain the sources of pollution and are doing everything possible to normalize the situation.

## DENMARK

### U.S. Public Health Training as Model

91WE0405B Copenhagen BERLINGSKE TIDENDE  
in Danish 24 May 91 p 6

[Unattributed article: "New Health Training"]

[Text] The Folketing is ready to introduce a new interdisciplinary advanced training program in public health modelled on the North American schools of public health. A large majority on Tuesday adopted the Socialist People's Party proposal, which instructs Minister of Health Ester Larsen (Liberal) to set up a committee to evaluate the need for this type of advanced training as well as the content, location, and cost of establishing the program. Only the Progress Party voted against the proposal.

### Impact of Greenland Health Budget Cut Aired

#### Patients to Denmark

91WE0441A Nuuk GRONLANDSPOSTEN in Danish  
20-21 Jun 91 p 3

[Unattributed article: "Required Cutbacks Will Send Patients to Denmark"—first paragraph is GRONLANDSPOSTEN introduction]

[Text] The waiting lists will increase by between 30 and 50 people each month.

Nuuk—The Ministry of Health has told the Greenland Public Health Service that it must cut 11 million kroner this year. Three million kroner are to be found at the Queen Ingrid Hospital in Nuuk alone. But Peder Kern, the president of the Greenland District Doctors Federation, predicts that the required cutbacks will add to waiting lists, send patients to Denmark who otherwise could have been treated in Greenland, and finally that it will no longer be possible for doctors to visit towns along the coast to perform operations.

On 12 June Jan Nielsen, the acting administrative chief of health administration, sent two letters to all district doctors in Greenland. The letters were a brazen order for the Greenland Public Health Service to cut 11 million kroner in salaries in 1991. The Queen Ingrid Hospital in Nuuk alone would have to cut three million kroner. The call for the cutbacks came because after six months it appears that the Public Health Service's salary budget for 1991 will be 11 million kroner greater than expected.

But eight days later, on 18 June, Health Minister Ester Larsen of the Liberal Party recalled one of the letters from the acting chief of health administration. The letter contains sample calculations which can be misunderstood.

Peder Kern, the president of the Greenland District Doctors Federation, called the health minister's recall of the letter from her own administration chief a huge reprimand.

Ove Rosing Olsen, the member of the Home Rule Government's executive committee responsible for public

health, is upset over the way the acting administrative chief acted and said that the letters to the district doctors were like going behind his back.

Jan Nielsen, the acting administration chief, told GRONLANDSPOSTEN that the absolute requirement for 1991 budgets must be complied with. That means there is still the prospect of layoffs and a freeze on new hirings in the public health service.

### Waiting Lists Will Grow

There are currently about 700 patients on the waiting list for surgery at the Queen Ingrid Hospital in Nuuk.

"If we are to cut three million kroner, that means the waiting lists will grow by between 30 and 50 people a month," Peder Kern, the president of the Greenland District Doctors Federation, told GRONLANDSPOSTEN.

"If the health minister takes the hiring freeze seriously, then this cannot avoid affecting patient care. We can't handle general complaints such as varicose veins or hernias even if these complaints are very uncomfortable. We can only treat ailments which threaten a patient's life or ability to use his limbs," said Peder Kern.

"We don't have the capacity in the operating section or enough beds at the Queen Ingrid Hospital to treat all the patients from the coast. So at regular intervals we travel up and down the coast and operate there. This makes a lot of sense, because it is cheaper for a doctor and a nurse anaesthetist to go out and operate on 20 patients than it is to send those 20 patients to Nuuk. But now there's no longer the money to pay for the nurse anaesthetist to travel. So we will be able to travel and provide treatment to only a very limited extent, because it requires specially trained nurses," said Peder Kern.

He predicted that the consequence would be that even more patients would have to be sent to Denmark even if they could be given first class treatment in Greenland. Stretcher transport to the Rigshospital costs between 60,000 and 80,000 kroner.

### Money Cannot Be Transferred

"But that money comes from an entirely different fund. It's a silly split, because they're not looking at the overall salary figure. But it's a hard and fast rule: You can't transfer money between funds. If the hiring freeze goes into effect, that will mean that departments at hospitals will become depopulated. One example is the intensive care department here at the Sanatorium, where there are two permanent health care workers and a few substitutes. With the two remaining regular staff members, that will mean that all the respiratory patients will be sent to Denmark," Peder Kern said.

"I'm deeply outraged on behalf of the district doctors. They've always been more or less responsible about their budgets in their districts, and now they're being accused of having spent too much money," said Peder Kern, referring

to the Public Health Service Administration's 12 June 1991 circular letter to all district doctors.

"I am dissatisfied that the public health service's administration made these moves without involving me in the decision. I do not advocate firing 158 people overnight. Most of those scheduled to be fired are nonprofessionals and people earning an hourly wage, but I want to look at the entire area and move things around," said Ove Rosing Olsen, the member of the Home Rule Government's executive committee responsible for public health.

### Paper Expresses Concern

91WE0441B Nuuk GRONLANDSPOSTEN in Danish  
20-21 Jun 91 p 2

[Editorial: "You Need To Be in Good Health To Get Sick in Greenland!"]

[Text] As a patient, it is difficult to see what is happening in the subtle discussions over kroner and ore, hiring freezes, and cuts in the Greenland Public Health Service. But one thing is clear. At the moment it is Health Minister Ester Larsen in Denmark and her representative in the Public Health Service Administration here in Nuuk who are responsible for the health and illness of Greenlanders.

But it is also clear that it is the patients who will become the odd men out until Ove Rosing Olsen, the member of the Home Rule Government's executive committee responsible for public health, takes over the public health service as of 1 January 1992.

### Patients Will Become Odd Man Out

It is remarkable that the Health Ministry should have taken such notice of the budget of the Greenland public health service a mere six months before the Greenland Home Rule Government was to have administered its citizens' health and illnesses itself. A requirement that 11 million kroner be cut from salary expenses means that 158 people will be fired. For patients this is just like saying that they will not get any treatment unless they are suffering from fatal illnesses. There will not be time and staff to treat bad knees and hips, hernias, or varicose veins. The cuts will also mean that patients who could be given first class treatment in Greenland will have to be sent to Denmark. The reason for this is that stretcher transport and treatment in Denmark are paid for by an entirely different fund than wages to staff in Greenland. How can the public health service administration say there will be savings on wages when that means that in the last analysis expenditures will be many times greater by sending patients to Denmark?

Is the reason for all of the thorough investigation that Health Minister Ester Larsen is afraid to turn the public health service over to the Home Rule Government with a huge deficit? In any event that would be disagreeable to the minister because that would be just like saying that you would have to understand by that that the Greenland public health service has never received enough money to cover treatment and preventive and home care.

There is also food for thought when the health minister sharply reprimands her highest representative in Greenland. Jan Nielsen, the acting administration chief, sent out two letters to all district doctors, in the first of which they received a brazen order to cut 11 million kroner on staff wages. The cuts were to be made with savings, a hiring freeze, and the firing of a total of 158 staff. The second letter contained sample calculations of how money could be saved in the individual doctors' districts. But eight days later the minister recalled the letter with the sample calculations. The call for salary savings remained.

Ove Rosing Olsen, the member of the Home Rule Government's executive committee responsible for public health, has also put it clearly, feeling as he does that the health minister's representative went behind his back. There are more than adequate grounds for him to feel upset over the fact that, without his knowledge, officials would administer a service he will be responsible for in five months. The reprimand could also be quite right, since the agreement regarding the transfer of the public health service states clearly that the Home Rule Government will take part in such drastic decisions made by the Danish state. Under no circumstances can behavior of this sort be beneficial to future cooperation. It would be understandable if in the future Ove Rosing Olsen held the officials of the public health service administration on a very short leash.

Finally the question also arises whether it is true that the fact will be concealed that the 601 million kroner which will come when the Home Rule Government takes over the public health service in five months are far too little. Will a surplus in the fund which is now used for staff salaries blur the fact that those 601 million kroner were not enough? Mr. Olsen understands how people could well imagine this. But, very optimistically, he is convinced he can be content with those 601 million kroner. But he has also said that there will be an awful lot of cleaning up when the former administration of the Greenland public health service is gone. The saga of the overzealous official's calculations of firings and savings shows that there could be a particularly good reason to get things cleaned up.

## PORTUGAL

### Worrisome Tuberculosis Resurgence

91WE0431B Lisbon SEMANARIO in Portuguese  
29 Jun 91 p 27

[Article by Maria Martins]

[Text] Tuberculosis has returned to Portugal with intensity. A total of 55.6 out of every 100,000 persons have this highly contagious disease. However, living conditions and lack of public health care underlie many cases. The majority are not included in the statistics, because physicians do not make a report.

Portugal has the highest rate of tuberculosis incidence in Europe: 55.6 cases out of every 100,000 inhabitants, according to the provisional data from the Directorate of

Services for Tuberculosis and Respiratory Diseases (DSTDR), to which SEMANARIO had access.

During 1990, 5,750 new tuberculosis cases were recorded in our country, while the mortality from active tuberculosis and aftereffects was reflected in a death rate of 2.7 per 100,000 inhabitants. The forecasts made by specialists indicate a significant increase in those figures by the end of this year.

Although the official numbers for 1990 currently reflect a slight decline in the disease compared with 1989, the experts think that the real situation in our country is quite different. Many cases are never reported, "leading to error." Many are detected in private physicians' offices and clinics, and are never reported to the Ministry of Health.

Maria de Lurdes Antunes, director of the DSTDR, explained to SEMANARIO: "Sometimes the statistics don't conform to the reality. Although tuberculosis is a disease for which reporting is compulsory, doctors don't always obey the law. Many don't even have the report forms. Such cases are never known to us, nor are they counted. There is a certain amount of apathy about adopting measures to put an end to this situation."

Currently in Portugal, contrary to what might be thought, tuberculosis is assuming far more serious features than those to be expected for the population of an industrialized country like ours. Since last May, a few minor outbreaks of rather serious tuberculosis were reported, specifically, in areas around Lisbon, such as Queluz, Portela de Sintra, and, lately, in Carnaxide.

I was told by Neves de Almeida, director of the Center for Tuberculosis Diagnosis and Prophylaxis in Lisbon, that, "While the majority of European countries have minimal tuberculosis rates, which are declining, our country has remained stationary. Furthermore, during recent years very serious forms of tuberculosis have appeared, which had not been seen for over 30 or 40 years. Our situation can only be compared with that of Cape Verde and other African countries."

Tuberculosis is still a serious public health problem in Portugal. Besides the fact that there are no mechanisms making it possible to guarantee the population an early diagnosis of this disease, there are also no measures for making the public, as well as the medical profession, aware of this problem. A few years ago, it was taken for granted that this disease had been eradicated from our country, and "no further thought was given to tuberculosis" as such.

Lopes Guerreiro, a specialist in pneumophthisiology, told SEMANARIO: "It has become increasingly difficult to detect cases in time. The medical investigations are less careful, and there are no stipulated preventive measures. In essence, this is a problem involving lack of public health. Until the Ministry of Health creates a medical office with a director from each hospital, so as to learn what should be done in terms of public health, it will be impossible to reduce the incidence of tuberculosis in our country."

It is among the younger strata that tuberculosis has a greater incidence in our country. The young adult age group, from 15 to 34 years, is particularly afflicted by this infectious-contagious disease.

A lack of natural bodily immunity and lower resistance, promiscuity in housing, nutritional deficiency, drug consumption, excessive tobacco consumption, alcoholism, lack of hygiene and of health care, stress, and too little rest, among others, are factors conducive to the tuberculosis bacillus' invasion of the body.

A highly contagious disease, especially during the first three weeks, tuberculosis is transmitted not only through direct contact, such as kissing, but by the emission of saliva particles that remain suspended in the air.

Lopes Guerreiro explained to SEMANARIO: "If the amount of tuberculosis bacillus contained in the saliva of one individual exceeds the resistance of another's body, the latter will certainly become infected." He added: "It is extremely difficult to avoid situations fostering contagion."

## UNITED KINGDOM

### Record Number on Hospital Waiting Lists

91WE0439A London *THE DAILY TELEGRAPH*  
in English 31 May 91 p 9

[Article by Peter Pallot, Health Services staff: "Record 1.1m on Hospital Waiting Lists"]

[Excerpts] The number of patients waiting for hospital treatment reached a record 1,131,703 last September, according to Government figures issued today.

The total is 2,500 more than March last year and 40,000 more than September, 1989.

The figures, which will disappoint ministers who have spent £60 million to try to bring them down, are published by the College of Health, which receives £90,000 annual backing from the Department of Health.

From today, the college is running a telephone help-line to assist doctors, patients and relatives find the hospital with the shortest queue.

[Passage omitted]

The college, set up eight years ago as a consumer pressure group, notes "a small but welcome" fall in the proportion of patients waiting more than a year in England, from 25 percent to 23 percent.

But it says that this is not reflected in the rest of Britain, and is "hardly surprising" after £33 million had been spent from the Government's waiting list fund.

A college guide analyses waiting lists across the country. It points to "considerable variations" between specialties, as well as districts in waits, supporting ministers' claims that cutting queues is more a matter of re-organisation than money.



[Passage omitted]

Longest lists are in the north-east Thames region, with 30 percent of the 65,800 awaiting in-patient treatment facing a delay of more than a year. Of 16,200 day cases, 23 percent were waiting more than a year.

Mersey maintains its reputation as one of the most efficient regions, with waits of more than a year for only nine percent of 29,600 in-patients and six percent of 14,800 day cases.

Over the same period, the year up to September last year, the proportion waiting more than an year had remained at 12 percent in Scotland and 36 percent in Northern Ireland. It increased slightly from 24 percent to 25 percent in Wales.

[Passage omitted]

### Study on Spread of Hepatitis C Reported

91WE0437A London THE DAILY TELEGRAPH  
in English 1 Jun 91 p 8

[Article by Peter Pallot, Health Services staff: "Homosexual Men Linked to New Strain of Hepatitis"]

[Text] Homosexual men are more prone to catch a recently-identified strain of hepatitis from heterosexuals, doctors said yesterday.

There was "strong evidence" that hepatitis C could be spread through sexual contact, they said in the British Medical Journal. Contaminated blood supplies were thought to be the main source of the virus, which attacks the liver.

Scientists from the departments of urology and genitourinary medicine at University College, London, and Middlesex School of Medicine tested 1,046 blood samples for hepatitis C from patients tested by syphilis.

The results showed that "significantly more homosexual subjects than heterosexual subjects were positive."

In one test for the virus, often known as hepatitis non-A non-B, 6.9 percent of homosexuals had traces of the virus compared with one percent of heterosexuals. Most victims of hepatitis C recover fully, but 10 percent are affected long-term.

Previous studies into links between the virus and sexual activity have given conflicting results. The report said:

"The study provides strong evidence for the sexual transmission of hepatitis C virus."

### Mystery Pig Disease Appears in UK

91WE0438A London THE DAILY TELEGRAPH  
in English 31 May 91 p 18

[Article by David Brown, agriculture correspondent: "Mystery Pig Disease 'in Britain'"]

[Text] Four British pig farms were under investigation last night as fears grew that "blue ear" disease may have crossed the North Sea from Holland and Germany, where it has caused heavy losses.

Worries about the mysterious illness, which causes abortions in sows and deaths among piglets, were concentrated on sites in Humberside and Yorkshire, Britain's major pig-rearing area.

All agricultural shows, including the Royal Show at Stoneleigh, Warwicks, in July, have been advised by the Ministry of Agriculture to cancel live pig displays.

More than 1.6 million breeding pigs, about a quarter of the national herds for England and Wales, are feared to be at risk in Humberside and Yorkshire alone.

The Ministry has imposed three separate Movement Restriction Orders, each preventing the entry or exit of pigs within a radius of just over 1-3/4 miles of the suspect farms.

The farms have not been identified and the Ministry refused last night to disclose how many pigs were involved "as a matter of commercial confidence."

It has taken the extraordinary step of imposing the restrictions without naming a disease.

It could be another two weeks before its veterinary scientists are in a position to confirm "blue ear," which can only be done after every other known pig disease is eliminated.

It is not known whether the disease is caused by a virus or some other agent or how it spreads.

People are not believed to be at risk and movements and sale of pork and bacon from affected countries within the EC have not been hit.

The National Farmers Union, with memories of last year's so-called mad cow disease (BSE) still fresh in its memory, said yesterday that it was greatly concerned.

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